



CONSENT TO PERFORM DRUG TESTING

**Decline Random Drug Testing**

**As a student:**

- ⑩ I have read the Indian Creek High School Drug and Alcohol Rules and Procedures and have decided to **DECLINE** participation.
- ⑩ I understand that by declining participation that I am ineligible for all athletics and extra-curricular activities at Indian Creek High School until I pass a drug test performed by Jefferson County Behavioral Health.

<b>Student Name (Print)</b>	<b>Grade</b>	<b>Date of Birth</b>
<b>Student Signature</b>	<b>Date</b>	

**As a Parent/Guardian/Custodian**

- ⑩ I have read the Indian Creek High School Drug and Alcohol Rules and Procedures and have decided to **DECLINE** participation of my son/daughter/ward.
- ⑩ I understand that by declining participation that my son/daughter/ward is ineligible for all athletics and extra-curricular activities at Indian Creek High School until my son/daughter passes a drug test performed by Jefferson County Behavioral Health.

<b>Parent/Guardian/Custodian Name (Print)</b>	<b>Home Phone</b>	<b>Work Phone</b>
<b>Parent/Guardian/Custodian Signature</b>	<b>Date</b>	