

CCMS/CCHS DRUG TESTING CONSENT FORM
Student and Parent/Guardian Consent to Perform Urinalysis for Drug Testing

Student Name _____ Grade _____

Student's Social Security Number _____

Parent/Guardian Name (if the student is under 18) _____

Student's Date of Birth _____

My student will participate in the following for the _____ SY
Sports _____ Voluntarily Participate
Clubs _____
Band _____
Extracurricular _____
Drive to School _____

The undersigned student, and his/her parent(s) or guardian(s) if the student is under eighteen (18) years of age, acknowledge that the School District has the right to perform random drug testing on students who wish to exercise the privilege of participating in extracurricular activities or who wish to exercise the privilege of driving to and from school.

The undersigned student, and his/her parent(s) or guardian(s) where applicable, understand that as a condition of students being allowed to participate in extracurricular activities in the School District and/or as a condition of students being allowed the privilege of driving to and from school, students may be required to undergo and successfully pass a random screening for alcohol, illegal drugs, or banned substances (collectively referred to as "banned substances").

The privilege of being allowed to participate in extracurricular activities and/or being allowed to drive to and from school is contingent upon the signing of this informed consent. No student shall be penalized academically for testing positive for banned substances during random drug testing.

The informed consent shall remain in effect for a period of twelve (12) calendar months from the date it is executed. Any revocation must be in writing, and revocation of consent shall disqualify the student from participating in extracurricular activities and/or driving to and from school for a period of twelve (12) calendar months from the date of revocation of the informed consent.

The undersigned expressly permits the lab and collection agent selected by the Cumberland County Board of Education to perform random drug testing of the student's urine and to release the drug test results to the Designated School Representative for Cumberland County Schools. The undersigned further permits a Medical Review Officer (MRO) and the school district to directly contact a student's parent or guardian (regardless of whether the student is age 18 or older), if that student tests positive, to conduct a consultation to determine the legitimacy, validity or accuracy of the positive test.

X _____ (Student signature) _____ (Date)

X _____ (Parent or Legal Guardian) _____ (Date)

(even if the student is under 18)

X _____ (Parent or Legal Guardian) _____ (Date)