

Consent to Test Form

Student Name: _____

The student and his/her parent(s)/guardian acknowledge that the Russell Independent School District (“District”) has the right to perform random drug testing on students who wish to exercise the privilege of participating in competitive extracurricular activities or who wish to exercise parking privileges.

The student and his/her parent(s)/guardian understand that as a condition of the student being allowed to participate in competitive extracurricular activities in the District and/or as a condition of the student being allowed to exercise parking privileges, the student may be required to undergo and successfully pass a random screening for illegal drugs or other banned substances, as set forth in the District’s Use of Alcohol, Drugs, and Controlled Substances Policy (09.423) and Student Random Drug Testing Procedures (09.423 AP.1). The student and his/her parent(s)/guardian acknowledge that they have read and understand this policy and procedure and that they agree to all terms and conditions contained in the policy and procedure.

The student and his/her parent(s)/guardian hereby consent to participate in the random drug testing program and to the disclosure of testing results to designated District, testing program personnel and parent(s) and guardians. The student and his/her parent(s)/guardian further understand that the student’s refusal to submit to a drug screening will be treated in the same manner as if the student had tested positive for banned substances.

No student shall be penalized academically for testing positive for banned substances during random drug testing.

The privilege of being allowed to participate in competitive extracurricular activities in the School District and/or being allowed to exercise parking privileges is contingent on the signing of this consent form.

This consent form shall remain in effect for a period of twelve (12) months from the date it is executed.

I plan to participate in one or more of the following:

Competitive Extracurricular Activities – List Sports/Activities _____

On-Campus Parking

| | | |
|------------------------------|---------------|-------------------------|
| Student Name (print) | Current Grade | Pupil ID# (leave blank) |
| Student Signature | | Date |
| Parent/Guardian Name (print) | | Work Phone |
| Parent/Guardian Signature | | Date |
| Home Phone | | Cell Phone |

Review/Revised:10/27/2014

*Please email completed form to drugtesting.forms@russellind.kyschools.us