

**Drug Testing Consent Forms**

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

**DRIVER**

School (Please Print) \_\_\_\_\_

Student Driver Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

We have read and understand the Mercer County School Board Policy 09.423 dealing with *Use of Alcohol, Drugs and Other Controlled Substances for athletes/drivers*. I desire that \_\_\_\_\_ should be permitted to drive to school and use school parking facilities and I hereby voluntarily agree, individually and on behalf of \_\_\_\_\_, that my student is subject to the terms of Board policy 09.423 for as long as s/he exercises driving privileges. On behalf of \_\_\_\_\_ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Mercer County Board Policy 09.423.

Student Driver Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_