



Consent to Random Drug Testing

Form 1

I am a student at Maryville High School/Maryville Junior High and I have received a copy of Maryville City Schools Random Drug Testing Program. I understand that by signing this form:

- I agree to participate in the Random Drug Testing Program.
- I agree that participation in TSSAA-sanctioned athletics, and parking on campus are privileges that may be withdrawn if I do not adhere to the requirements of the Program.
- I agree to provide a saliva sample for drug testing when requested to do so in accordance with the Program.
- I agree to abide by any sanctions imposed upon me as a result of my participation in the Program.
- I authorize Maryville City Schools to release and/or receive information from the Company regarding the Random Drug Testing Program

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate which designated activity you will participate in: Receiving a Parking Permit \_\_\_\_\_

Cheerleading: \_\_\_\_ Sport(s): \_\_\_\_\_

I am the parent/guardian of a student at Maryville High School/Maryville Junior High School and I have received a copy of Maryville City Schools Random Drug Testing Program. I understand that by signing this form:

- I agree to allow my student to participate in the Random Drug Testing Program.
- I agree that participation in TSSAA-sanctioned athletics and school sponsored cheerleading or receiving a parking permit are privileges that may be withdrawn if my student does not adhere to the requirements of the Program.
- I agree that my student may provide a specimen(s) for drug testing when requested to do so in accordance with the Program.
- I agree to abide by any sanctions imposed upon my student as a result of his/her participation in the Program.

I understand that this Consent is binding as long as my student attends Maryville City Schools and participates in any of the designated activities or until this Consent is revoked by me in writing and delivered to the Director of Schools.

Parent/Guardian Name \_\_\_\_\_ Student Grade \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_

Informed Consent for Students 18 and Older: I authorize the notification of my parent or guardian of notification of testing and any positive drug test results.

Student Signature (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_