

DARE COUNTY SCHOOLS
DRUG TESTING CONSENT FORM

I desire that _____ be able to participate in some or all of the
Student Name

following voluntary activities or privileges offered by the Dare County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges. My child shall be enrolled in the Dare County Schools random drug testing program beginning with this school year and will remain in the program until such time that my child graduates or I withdraw my child from the drug testing program in writing. I understand that my child may be drug-tested in accordance with the random drug testing policy at any time during his/her enrollment in Dare County Schools. I hereby agree that:

- I have received a copy of the Dare County Board of Education’s random drug testing policy. I have read and understand the policy.
- _____ shall be enrolled in the Dare County Schools
Student Name
random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing policy at any time during his/her enrollment in Dare County Schools.
- Drug tests of students under the random drug testing policy are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Dare County Schools, the Medical Review Officer, the Superintendent’s designee and the student’s school Principal.

Dated: _____, 20_____.

Name of Student

Name of Parent/Guardian

Signature of Student

Signature of Parent/Guardian