

# DARE COUNTY SCHOOLS

## DRUG TESTING OPT-IN AND CONSENT FORM

While \_\_\_\_\_ (student) might not participate in any of the following voluntary activities or privileges offered by the Dare County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges, I desire for my child to participate in the Dare County drug testing program. 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.
- \_\_\_\_\_ (student) shall be enrolled in the Dare County Schools 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