

# DARE COUNTY SCHOOLS

## WITHDRAWAL OF DRUG TESTING CONSENT FORM

*(Parents, return only if you wish to opt your 6<sup>th</sup>-12<sup>th</sup> grade child out of privileged activities and the drug testing program.)*

I hereby withdraw consent for \_\_\_\_\_ (student) to participate in the Dare County Schools random drug testing program. I understand that once this form is submitted, the student will not be eligible to participate in interscholastic athletics and other voluntary extracurricular activities, or have campus parking privileges, for a period of 365 calendar days from the date on this form.

Dated: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of School Official

\_\_\_\_\_  
Signature of School Official