Student Drug Testing Consent

Boyle County School District Voluntary Participation Consent to Test Form

Student Name: _____

The student does not presently exercise the privilege of participating in extracurricular activities or driving to and from school. However, the student and his/her parent(s)/guardian(s) desire for the student to participate in the random drug and alcohol testing program of the Boyle County School District ("District"). The student and his/her parent(s)/guardian(s) acknowledge that they have read and understand the District's Use of Alcohol, Drugs, and Other Controlled Substances Policy (09.423) and Student Random Drug-Testing Procedures (09.423 AP.1).

The student and his/her parent(s)/guardian(s) hereby voluntarily consent to participate in the random drug and alcohol testing program and to the disclosure of the testing results to designated District personnel and parent(s)/guardian(s).

The student and his/her parent(s)/guardian(s) understand that since the student is voluntarily participating in random drug testing, the student shall not be penalized academically or in any other manner for testing positive for banned substances.

This consent form shall remain in effect for a period of twelve (12) months from the date it is executed. Any revocation of this consent form must be in writing.

_____ _____ _____
Student Name (Print) Current Grade Pupil ID # (leave blank)

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Name (Print) Cell Phone

_____ _____
Parent/Guardian Signature Date

_____ _____ _____
Parent/Guardian Email Work Phone Home Phone

Review/Revised:5/9/2019