

Student Drug Testing Consent
Boyle County School District Consent to Test Form

Student Name: _____

The student and his/her parent(s)/guardian(s) acknowledge that the Boyle County School District ("District") has the right to perform random drug testing on students who wish to exercise the privilege of participating in extracurricular activities or who wish to exercise the privilege of driving to and from school.

The student and his/her parent(s)/guardian(s) understand that as a condition of the student being allowed to participate in extracurricular activities in the District and/or as a condition of the student being allowed to drive to and from school, the student may be required to undergo and successfully pass a random screening for alcohol, illegal drugs or other banned substances, as set forth in the District's Use of Alcohol, Drugs, and Controlled Substances Policy (09.423) and Student Drug-Testing Procedures (09.423 AP.1). The student and his/her parent(s)/guardian(s) acknowledge that they have read and understand this policy and procedure and that they agree to all terms and conditions contained in the policy and procedure.

The student and his/her parent(s)/guardian(s) hereby consent to participate in the random drug testing program and to the disclosure of testing results to designated District personnel and parent(s)/guardian(s). The student and his/her parent(s)/guardian(s) further understand that the student's refusal to submit to a drug screening will be treated in the same manner as if the student had tested positive for banned substances.

No student shall be penalized academically for testing positive for banned substances during random drug testing.

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 shall disqualify the student from participating in extracurricular activities or driving to and from school.

I plan to participate in one or more of the following:

☐ Athletic Program – List sport(s): _____

☐ Extracurricular Activity – List activities and clubs: _____

☐ On Campus Parking

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