Dean's Office **TAG # _____**

HAMILTON SOUTHEASTERN HIGH SCHOOL
STUDENT VEHICLE INFORMATION AND DRIVERS RANDOM DRUG TESTING CONSENT FORM

In the interest of the safety of student athletes and student drivers, Hamilton Southeastern Schools has adopted a drug policy specifically for these students. The policy requires that those student athletes and student drivers are subject to random drug tests. Please review the Drug and Alcohol Random Testing policy in the Student Handbook. A student will not be permitted to participate in any athletic activity or drive until this consent form is signed and on file with the school.

I, _____ (name of student) have read the Hamilton Southeastern Student Athlete and Student Driver Random Drug and Alcohol Testing Policy and do consent to submit to a chemical test should I be required to do so. I further consent to allow Hamilton Southeastern schools to test the specimen I provide for illegal drug and/or alcohol content. I realize that if my test is positive for drug and/or alcohol use I will be subject to the consequences in accordance with the provisions of the Student Athlete and Student Driver Random Drug and Alcohol Testing Policy. I further consent to and agree to other terms and conditions of the Student Athlete and Student Driver Random Drug and Alcohol Testing Policy.

_____ _____ _____

STUDENT NAME (PRINTED) **STUDENT SIGNATURE** **DATE**

I the undersigned Parent/Guardian of_____ (Name of Student) have read the Student Athlete and Student Driver Random Drug and Alcohol Testing Policy and do consent to all provisions thereof.

_____ _____ _____

PARENT/GUARDIAN NAME (PRINTED) **PARENT/GUARDIAN SIGNATURE** **DATE**

STUDENT VEHICLE INFORMATION

Student Name_____ Grade _____

Vehicle Year, Make, Model_____

Color_____ License Plate #_____

If this is a specialized license plate, please indicate which specialty _____

2nd Vehicle Year, Make, Model_____

Color_____ License Plate #_____

If this is a specialized license plate, please indicate which specialty _____

3rd Vehicle Year, Make, Model_____

Color_____ License Plate #_____

If this is a specialized license plate, please indicate which specialty _____