

School City of Hobart Extracurricular/Athletics/Driving Consent Form

Please visit <http://hobart.schoolwires.com/drugprevention> for the policy entitled **EXTRACURRICULAR ACTIVITIES, ATHLETICS AND STUDENT DRIVER DRUG AND/OR ALCOHOL TESTING PROGRAM**, and for **Educational Drug Prevention Material**.

I, _____, want to participate in this program,
(Print Student's Name)

and in the extracurricular/athletic/driving programs of The School City of Hobart. Therefore, I voluntarily agree to be subject to the terms of the testing program for the current school year and throughout summer school. I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent called for under the program.

I, also, understand that once I have tested "positive" I can be retested at anytime during that school year.

Date: _____

Student Signature

Parent/Guardian Signature
