

**Drug Testing Consent**

*I hereby acknowledge that I have read policy 09.423 (Use of Alcohol, Drugs and other Controlled Substances). I understand the policy, and I agree to be bound by the terms and conditions contained in said policy.*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Student Name*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS AND/OR SWAB (SALIVA) FOR DRUG TESTING STUDENT DRIVER/EXTRACURRICULAR/ATHLETIC PARTICIPANT**

Student Name (Printed) \_\_\_\_\_

Activity \_\_\_\_\_

School \_\_\_\_\_

We have read and understand the Russell County School Board Policy 09.423 dealing with *Use of Alcohol, Drug and other Controlled Substances* for Students. We understand by signing this consent form that we agree to be bound by the terms and conditions contained in Russell County Board Policy.

Signatures:

Student \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

\*This document is not valid unless signed by the student AND parent/guardian.