SENECA VALLEY

2024-25 Drug Testing Consent Form

$32 cash or check made payable to S.V.S.D.
(Note price increase to $32)

INFORMED CONSENT AGREEMENT

Student's Name _____ Student's ID # _____ Grade _____
(Please Print)

Sport/Club _____ Student Driver? **YES** **NO**
(Please Print) (Please Circle)

AS A STUDENT:

- I understand and agree that participation in athletics, activities, or in student driving is a privilege that may be withdrawn for violations of this policy.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program, activity, or in student driving, I will be subjected to initial and random urine drug testing, and if I refuse I will not be allowed to practice or participate in any athletic program, activity, or in student driving.
- I understand this agreement is binding while I'm a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ _____
Student Signature Date

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in any athletic program, activity, or student driving will be subjected to initial and random urine drug testing, and if they refuse will not be allowed to practice or participate in any athletic program, activities, or continue driving and parking on school grounds.
- I understand that upon completion of my son/daughter/ward's activity, I have the option to remove them from the random pool with a signed letter to the building principal, assuming that they do not intend on participating for the rest of the year.
- I understand this agreement is binding while my son/daughter/ward is a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ _____
Parent/Guardian/ Custodian Signature Date

_____ _____ _____
Parent/Guardian/Custodian Printed Name Home/Cell Number Work Number

For office use only:

Date _____ Check # _____ or Cash_____ Initials _____

Updated April 2024