

Random Drug and Alcohol Testing Consent Form

Student Name: _____ **Student ID#** _____

The Student and his/her parent(s) or guardian acknowledge that Bluffton-Harrison Metropolitan School District has the right to perform random drug and alcohol testing on students who wish to exercise the privileges of participating in extracurricular activities, cocurricular activities, athletics, or purchase a parking permit to allow the student to drive to school.

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

The Student and his/her parent(s) or guardian hereby consent to participate in Random Drug and Alcohol Testing Program and to the disclosure of testing results to the District's Drug Program Coordinator and parent(s) or guardian. The Student and his/her parent(s) or guardian understand that this consent is perpetual until the Student graduates or withdraws from the District unless the Student and his/her parent(s) or guardian provide advanced written notice of their revoked consent.

Student Name – Please Print

Current Grade

Student Signature

Date

Parent/Guardian Name – Please Print

Work Phone

Parent/Guardian Signature

Date

Home Phone

Cell Phone with Area Code

Bluffton-Harrison Metropolitan School District
Adopted: August 19, 2024