

STUDENTS 09.423 AP.21

Drug Testing Consent Forms

STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

DRIVER

School (Please Print)

Student Driver Name (Please Print)

Parent/Guardian Name (Please Print)

We have read and understand the Mercer County School Board Policy 09.423 dealing with Use of

Alcohol, Drugs, and Other Controlled Substances for athletes/drivers.

We desire that the student listed above should be permitted to drive to school and use school parking facilities and I hereby voluntarily agree, individually and on behalf of the student above, that my child/student is subject to the terms of Board policy 09.423 and that the student above will

be in the drug testing pool from the date this document is signed until the end of the current school year.

On behalf of the student listed above and as a parent/guardian, I consent to the means and methods

used to test under the policy and I waive any rights to nondisclosure of test records/information to

the extent of disclosure is required under the program and policy.

I understand by signing this consent form I agree to be bound by the terms and conditions contained

in Mercer County Board Policy 09.423.

Student Driver Signature _____ Date _____

Parent/Guardian Signature _____ Date _____