

Students

Exhibit - Consent to Participate in Extracurricular Drug and Alcohol Testing Program

To be returned to the Building Principal. Please print.

Student _____

School year _____

To be read and signed by the student-participant and his/her parent/guardian:

We have received, read, and understand, the District Extracurricular Drug and Alcohol Testing Program. We voluntarily agree that our child shall be subject to its terms for his or her entire high school career (grades 9-12). We accept the method of obtaining breath and urine specimens, the testing and analyses of such specimens, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. This consent is given pursuant to all State and federal privacy statutes, and it is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

We understand that there is more information available on the following websites:
www.ihsa.org/documents/sportsMedicine/Resource_Exchange_Center_Flyer.pdf and
www.ihsa.org/documents/sportsMedicine/Resource-Exchange-Drugs-Steroids-Education

Parent/Guardian Name *(please print)*

Date

Parent/Guardian signature

Student signature

To be read and signed by student who is not participating:

I have decided **not to participate** in any extracurricular activities sponsored by the School District for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to a urinalysis.

Student signature

Date

DATE: May 2016
REVIEWED: October 28, 2021; September 18, 2025
REVISED: October 28, 2021