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 extracurricular 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 in the Ill. High School Association (IHSA) Performance-Enhancing Drug Testing Policy, located in the *IHSA Handbook*, available online at: www.ihsa.org/about/constitution-by-laws-policies.

_____ _____

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; June 25, 2026

REVISED: October 28, 2021; June 25, 2026