

Random Drug and Alcohol Testing Consent Form

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

The Student and his/her parent(s) or guardian acknowledge that the Community School Corporation of Eastern Hancock County has the right to perform random drug and alcohol testing on students who wish to exercise the privileges of participating in athletic/extracurricular activities 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, sports, or drive to school in the Corporation 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 Corporation’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 Corporation’s Drug Program Coordinator and parent(s) or guardian.

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