

DRUG-FREE EXTRACURRICULAR PROGRAM
McKenzie Special School District
Consent Form
School Year: _____

Name of Student: _____ Student Date of Birth: _____

School: _____ Extracurricular Activity: _____

I do hereby certify that I have received and have read the McKenzie SSD Board of Education Student Alcohol and Drug Testing Policy (6.3071). I have been given the opportunity to ask questions regarding this policy. I understand that if my child is selected by a random draw, because of reasonable suspicion, or if the school chooses to test all students participating in extracurricular activities that he/she will be required to submit to drug/alcohol screening.

I hereby give permission for my minor child to submit to the collection of a urine specimen and/or breath sample for the purpose of determining drug/alcohol content as part of the Drug-Free Extracurricular Program of McKenzie SSD. Testing completed will include but is not limited to a basic panel which is available upon request.

I agree that McKenzie SSD or their designee may collect these specimens for these tests and forward them to a licensed testing laboratory designated by the school system for analysis. I understand that samples will be coded to provide confidentiality.

I further agree to and hereby authorize the release of the results of said tests to McKenzie SSD. I understand that the current illegal use of drugs and/or abuse of alcohol by my child will result in disciplinary action up to and including removal of the opportunity to participate in all extracurricular athletic programs throughout the student's high school career.

I understand that a refusal to test carries the same disciplinary consequences as a positive test. I understand that if my child is taking over the counter or prescription medication which may cause the test to be non-negative, I will be required to discuss this with the Medical Review Officer and if the non-negative is related to prescription medicine I will have to show that my child has a valid prescription.

I further agree to hold harmless McKenzie SSD and its agents from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the Drug-Free Extracurricular Program of McKenzie SSD.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have had any questions about this policy answered to my satisfaction. My signature indicates that I understand this consent form will be applicable for the entire current school year unless I notify the school principal or athletic director in writing of my decision to withdraw my consent. Withdrawal of consent will result in my student becoming ineligible to participate in extracurricular activities.

Custodial Parent/ Guardian (Print Name): _____

Address: _____

Cell/Home Phone Number: _____ Work Phone Number: _____

Signature Custodial Parent/Guardian _____ Date: ____ / ____ / ____