

Central High School
2024-2025 School Year

Consent for Participation ~ Student Drug Testing

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Carroll County School system. I further understand that if I refuse to be tested, fail to report for the test, or if the test establishes a violation of the drug testing policy, I will be subject to the consequences as set forth by the drug testing policy.

By signing and dating this form, I consent to be randomly tested throughout the school year. The random testing will be done monthly throughout the school year. The selection process for random drug testing will be performed by a contracting body with the participating students being notified the day they are to report for testing.

I hereby consent to the administration of drug tests and to the conditions listed in this consent and the accompanying general prohibitions and procedures as outlined in Policy JCABB, JCABB-R (1) of the Carroll County School System Policy Manual.

I understand that unless my parent or guardian contacts the Drug Testing Administrator after the first year, and makes a formal request to remove, by name and student ID number from the testing pool, my name will be automatically reentered into the testing pool each year.

Participating Student's Printed Name _____

Student Signature _____ Date _____

Parent/Guardian's Printed Name _____

Parent/Guardian Signature _____ Date _____

Please list all activities you will participate in during the 2024-2025 school year.

Participating Activities: