



# CARROLL COUNTY SCHOOLS

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## Carroll County School System

### Consent to 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 on the day they are to report for testing.

I hereby consent to the administration of drug test 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: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_