



**BRIMFIELD SCHOOL DISTRICT #309**

**9-12 Grade**

**Consent to Participate in Extracurricular Drug and Alcohol Testing Program**

We have received, read and understand, the District's Extracurricular Drug, Alcohol and Tobacco Testing Program. We voluntarily agree that \_\_\_\_\_

(print name of student participant) shall be subject to its terms for one calendar year from the date signed below. We accept the method of obtaining breath and urine specimens, or saliva swab specimens and the testing and analyses of such specimen, and wholly accept this process as the standard in which this policy is based. The student-participant agrees to cooperate in furnishing breath, urine or saliva swab specimens upon request.

We further agree and consent that our names and phone number(s) will be provided to Mobex, Inc. for Medical Review Officer (MRO) contact, if needed.

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 is a waiver of nondisclosure rights to the extent of the disclosures required in the program.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

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I, \_\_\_\_\_ have decided **NOT** to participate in any extracurricular activities sponsored by the School District for the remainder of the 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 or saliva swab testing and submit a new consent form.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature