

Lewistown Community Unit School District #97

Athlete/Activity Participant Random Drug and Alcohol Testing Consent Form:

I understand fully that my performance as a participant and the reputation of my school are dependent, in part on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Lewistown Board of Education and the sponsors for the activity(ies) in which I participate.

I authorize Lewistown Community Unit School District #97 to conduct a Drug and Alcohol test on-site if my name is drawn from the random pool. This consent form will remain in effect unless an Activity Drop Form is completed. Pursuant to the Student Random Drug and Alcohol Policy, I authorize the following:

1. Lewistown Community Unit School District #97 to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Office doctor(s).
3. Medical Review Office doctor(s) to release test results to Lewistown Community Unit School District #97 Administration, and/or Medical Inspector.*
4. Lewistown Community Unit School District #97 to release individual student name, parent name and home phone number to Medical Review Office doctor(s) regarding all positive drug test results.

Print Student Name - Student Signature - Date

Print Parent Name - Parent Signature - Date

Parent Home Phone - Parent Work Phone - Parent Cell Phone

I plan to participate in the following sport(s): _____

I plan to participate in the following student activity(ies): _____

I plan to be issued a student parking permit.

I am volunteering to be placed in the drug and alcohol testing pool.

***All results are kept strictly confidential and are released only to those individuals named above.**