

DECATUR COUNTY COMMUNITY SCHOOLS

EXTRACURRICULAR CONSENT FORM for DRUG TESTING

Please read and complete form. Turn this sheet into the main office.

I desire that _____ (print student's name clearly) participate in this program, and in the extracurricular program of Decatur County Community Schools, and hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analysis of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time. I have also received, read, and understand a copy of the "Decatur County Community Schools Extracurricular Activities Drug Testing Program".

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

CONSENT

Student Signature

Date

Parent Signature

Date

XXXX NON-CONSENT XXXX

I, _____ (print student's name clearly), have decided not to participate in any extracurricular activities sponsored by Decatur County Community Schools for the remainder of this 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.

Student Signature

Date

Parent Signature

Date