



Consent Form Participation in the Drug-Testing Program

This form must be completed and signed by each high school student who holds a campus parking pass, student athlete, and his/her parent or legal guardian. This form is required for all students who hold a campus parking pass or participate in any athletic competition, to include cheerleading. Eligibility for campus parking privileges and athletic participation will not be granted until this form has been signed and returned to the student's school.

Student Name _____ Male Female

School _____ Grade Level _____

Campus Parking Pass Sport _____ Varsity Junior Varsity

Drug-Testing Consent-

By signing this form, I, the undersigned student and parent, affirm that I am aware of the Lincoln County Board of Education's drug-testing regulations and procedures, which requires the following for any student who holds a campus parking pass and student athlete who is found to have any tested drug or substance:

- A first positive test may result in a ninety (90) day period of ineligibility from campus parking privileges and student athletics. Prior to returning to campus parking privileges and athletic participation, the student must provide a negative drug test result. The cost of the follow-up drug test is the responsibility of the student.
- A second positive test may result in a 365 day period of ineligibility from campus parking privileges and student athletics. Prior to returning to campus parking privileges and athletic participation, the student must provide a negative drug test result. The cost of the follow-up drug test is the responsibility of the student.
- A third positive test may result in permanent ineligibility from campus parking privileges and student athletics for the remainder of the student's career.
- **Any student who has a positive drug test will forfeit eligibility for a parking pass and/or athletic participation.**

I hereby give consent to be tested by an independent, licensed drug-test administrator for the presence of illegal drugs and controlled substances if I am randomly selected, or if there is a reasonable suspicion or cause for a test, or a follow-up test is required for participation in campus parking and student athletics. I consent to giving a urine specimen or saliva test for testing upon request by the drug-test administrator. I understand that a refusal to be tested, or any attempt to tamper the test sample will result in a declaration of a positive test. I agree to follow the drug-testing procedure that has been set forth in Board Policy 3623-R/4343-R.

I hereby authorize the licensed physician to release the results of my test to the student's parent/guardian and the Superintendent or her designee, who shall notify the student's principal, athletic director and coach. I waive any privilege in connection with the results of the drug test. I understand that the drug-test results will not be shared with law enforcement and that the outcome of the drug test will not affect my academic career.

By signing this form, I have read and understood Board Policy 3623-R/4343-R and its related consequences. I understand that the Lincoln County Board of Education and its officers, administrators, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this form.

Legal Name of student: _____

Signature of student: _____ Date: _____

Name of parent(s)/guardian (s): _____

Signature of parent/guardian: _____ Date: _____

Home address: _____ City: _____ Zip Code _____