

STUDENT DRUG TESTING FORMS

STUDENT SECTION:

Section to be completed by Activity Student, Driving Student or Opt-In Participant

MUST BE COMPLETED AND RETURNED TO SCHOOL BY SEPTEMBER 1ST OR FIRST DAY OF SECOND SEMESTER.

Please Print or Type:

Student's last name

First name

MI

I, the above named student, after having read the ***Student Drug Testing Policy*** and "Student Drug Testing Consent Form," understand that, out of care for my safety and health, Randolph County Schools enforces the rules applying to the consumption or possession of illegal and performance enhancing drugs. As a member of a Randolph County School interscholastic extra-curricular activity, or one who drives and parks on school property, or an opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being, as well as the possible endangerment of those around me, and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs at any time while I am involved in in-season or off-season activities or driving, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

Check all that apply:

_____ **Activity Student**

_____ **Driving Student**

_____ **Opt-in Participant**

Student Signature

Date

PARENT SECTION

Section to be completed by Parent/Guardian and Principal/Coach/Sponsor

I have read and understand the Randolph County Schools' ***Student Drug Testing Policy*** and "Student Drug Testing Consent Form." I voluntarily agree on behalf of the student named above that, in order to participate in interscholastic, extra-curricular activities; and/or to be granted permission to drive to and park on property of Randolph County Schools; and/or by electing to have him/her included in the testing pool as an opt-in participant, that he/she must submit to drug testing and must also agree to be subject to the terms of Randolph County Schools' drug testing policy. I accept the method of obtaining hair samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Parent/Guardian Signature

Date

Principal/Coach/Sponsor Signature

Date