

Monmouth-Roseville Community Unit School District No. 238

Extracurricular Participant Eligibility Drug Testing Student/Parent Consent Form

I wish to try out for and/or participate in school sponsored extracurricular activities. I have read the Board of Education's Extracurricular Participant Drug Testing Policy and I understand the Board of Education's Policy and Procedures and agree to follow said Policy and Procedures, including being subjected to random testing, as a condition of participation in extracurricular activities. I understand that if I disobey the rules, I will be excluded from the opportunity to participate in extracurricular activities as provided in the Board's Policy and Procedures. I understand that I should ask school district staff if I have any questions about the drug testing program or results.

I accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. I agree to cooperate in furnishing such urine samples which may be required at random times. I further agree and consent to the disclosure of the sampling, testing and results as provided for in this program to the school district administration. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent such disclosure is authorized by this program. This consent is valid for the current school year.

I authorize the medical staff to take a sample of my urine for the purpose of performing tests and otherwise screen the sample obtained from me for presence of drugs, alcohol, tobacco or other chemical substances. Also, I authorize the medical staff to release the results of the testing, regardless of whether the results are negative or positive to the Administration of Monmouth-Roseville Community Unit School District No. 238.

I agree to participate in this program and release the testing organization/certified lab and any of its employees or agents from any liability arising out of my participation in this Drug Screening Program.

I understand that costs for random tests and required retests will be paid for by the school district.

Student Participant Signature

Parent/Guardian Signature

Witness: _____

Witness: _____

Date: _____

Date: _____