

ATHLETE/EXTRA CURRICULAR ACTIVITY PARTICIPANT
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Drug Testing Consent Forms

STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

School (Please Print) _____

Student Athlete Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Mercer County School Board Policy 09.423 dealing with *Use of Alcohol, Drug and other Controlled Substances for athletes/drivers*. I desire that _____ should be designated as a participant in the following athletic/extracurricular activity or activities: _____, or

Any and all extracurricular activities for the _____ school year and I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of Board policy 09.423 for as long as s/he participates in a covered activity. On behalf of _____ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Mercer County Board Policy 09.423.

Student Athlete Name _____ Date _____

Parent/Guardian _____ Date _____

WHITE COPY
RANDOM DRUG TESTING COORDINATOR

YELLOW COPY:
ATHLETIC DIRECTOR

PINK COPY:
COACH/SPONSOR