

STUDENTS

09.423.AP.21

DRUG TESTING CONSENT FORM

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

School (Please Print) _____

Student's Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Clark County School Board policy dealing with Use of Alcohol, Drug and other Controlled Substances for athletes/drivers.

I desire that _____ should be permitted to participate in any extracurricular, cocurricular activities and students who drive to school and use school parking facilities.

I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of this Board policy for as long as s/he exercises driving privileges or is a participant. 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 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 Clark County Board Policy 09.423 and related applicable administrative procedures.

Student Participant Name _____ Date _____

Parent/Guardian _____ Date _____

Reviewed/Revised: 5/22/07