

Drug Testing Consent Forms**STUDENT AND PARENT/GUARDIAN CONSENT FOR DRUG TESTING**

School (Please Print) _____

Student Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

_____ We received a copy of the Henderson County School Board Policy 09.423 dealing with *Use of Alcohol, Drugs and Other Prohibited Substances* and acknowledge that we have read said policy and agree to comply with the rules and regulations of the District in this policy.

_____ We consent to the means and methods used to test under the policy and authorize the release of information and records, including test results, relating to the screening or testing in accordance with the provision of the District Drug Testing Policy and release the District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

_____ We understand by signing this consent form student agrees to be bound by the terms and conditions contained in Henderson County Board Policy 09.423. We further agree to release the Henderson County Board of Education and its officers, administrators, employees, and agents from responsibility and/or liability of any actions caused by the student's non-negative drug test.

Check all that apply.☐ **Athlete**☐ **Extracurricular Activity Participant**☐ **Driver and/or Parked on School Property**☐ **Volunteer Participant****SIGNATURES:**

Student _____ Date _____

Parent/Guardian _____ Date _____

Drug-Testing Forms**STUDENT CONSENT FORM**

I, _____, do hereby give my consent to the District to collect a urine sample from me on this date, and I further give my consent to the District to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs, alcohol or other prohibited substances. I further give the laboratory my permission to release the results of such tests to the building Principal/Designee, if appropriate.

I understand that the refusal to submit to testing or a positive test result shall affect participation in the designated extracurricular activities set forth in Board Policy and/or my receipt of parking privileges from the District.

Student's Name (Please Print)_____
Student's Signature_____
Date_____
Witness