

Drug Testing Consent Forms

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

School (Please Print) MADISONVILLE NORTH HOPKINS HIGH SCHOOL

Student Athlete Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Hopkins County School Board Policy 09.423 dealing with *Use of Alcohol, Drug and other Controlled Substances*. We understand that as a participant in groups checked below student is subject to the terms of Board policy 09.423. We consent to the means and methods used to test under the policy and waive any rights to nondisclosure of test records/information to the extent that disclosure is required under the program and policy. We understand by signing this consent form student agrees to be bound by the terms and conditions contained in Hopkins County Board Policy 09.423.

Check all that apply:

- Athlete
- Extracurricular Activity Participant
- Driver and/or Parked on School Property
- Volunteer Pool

SIGNATURES:

Student _____ Date _____

Parent/Guardian _____ Date _____