

STUDENT-PARENT/GUARDIAN  
DRUG TESTING CONSENT FORM

Cache School District  
2063 North 1200 East  
North Logan, Utah 84341

We authorize our student to participate in Cache School District's random (unobserved) drug testing program to identify possible illegal drug and/or alcohol use (collection of samples will be in a controlled and supervised location). Positive results may be reviewed by a licensed Medical Review Officer. We also unconditionally authorize the release of information concerning the results of such a test to the Cache School District and understand that this is a non-punitive policy. As well, we authorize our student's attendance to the Educational Drug Awareness Course and consent that my student will be given a drug and alcohol use survey.

This completed form shall be deemed consent, for the purposes of the Family Education Right to Privacy Act.

\_\_\_\_\_  
Extracurricular Activity (i.e. football, volunteer)      \_\_\_\_\_  
Date of Activity (i.e. Fall of 20\_\_)

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***This form is to be signed and returned prior to participating in any UHSSA extracurricular program.***