

CONSENT FORM
School Board of Indian River County

**RANDOM STUDENT DRUG TESTING FOR INTERSCHOLASTIC
EXTRACURRICULAR COMPETITIVE ACTIVITY PARTICIPANTS**

This form must be completed and signed by each high school student participating in interscholastic extracurricular competitive activities and his/her parent or legal guardian.

Eligibility for participation will not be granted until this form has been signed and returned to the student's school.

Student Name _____

Student ID # _____ Sex _____

School _____

Grade Level _____ Activities _____

Consent to Random Student Drug Testing

By signing this form, I affirm that I have read the School Board of Indian River County's Random Student Drug Testing for Interscholastic Extracurricular Competitive Activity Participants policy and I agree to comply with the conditions in the policy in order for my child to participate in interscholastic extracurricular competitive activities.

I affirm that my child and I have reviewed and understand the procedures for the testing program attached to this form and understand the test procedures, penalties for a positive test result and my child's rights to challenge a positive finding.

I agree to allow the Random Student Drug Testing Coordinator to test my child if he/she is randomly selected in order to remain eligible for participation in any interscholastic extracurricular competitive activities.

I further consent to the release of any drug test results taken from my child to the school principal, Coordinator, and testing lab MRO. In the event my child is a student athlete in an FHSAA sanctioned, recognized or club activity and receives a positive drug test for a schedule 3 narcotic, I understand the positive drug test will be reported to FHSAA, but not my child's name.

I understand that test results will not be made a part of my child's permanent school record.

Name of Student (PRINT): _____

Signature of Student: _____

Date: _____

Name of Parent/Guardian (PRINT): _____

Signature of Parent/Guardian _____

Date: _____

Home address: _____ City: _____

Zip Code _____

Contact Number – Cell/Other: _____