## **Students**

Exhibit – Consent to Participate in Ext	racurricular Drug and Alcohol Testing Program
	and, the District Extracurricular Drug and Alcohol
Testing Program. We voluntarily agree that	shall be subject Name of Student-Participant
to its terms for his or her entire middle school	and high school career (grades 7-12). We accept the
method of obtaining breath and urine specime	ens, or saliva swab specimens, and the testing and
analyses of such specimen, and all other aspec	cts of the program. The student-participant agrees to
cooperate in furnishing urine or saliva swab s	pecimens upon request.
We further agree and consent to the disclosur	e of the sampling, testing, and results as provided in this
program. This consent is given pursuant to all	ll state and federal privacy statutes, and is a waiver of
nondisclosure rights only to the extent of the	disclosures required in the program.
Date:	
Student Signature	Parent/Guardian Signature
•••••	
I,, h	nave decided not to participate in any extracurricular
•	r the remainder of this school year. In order for me to ram at a later date, I understand that I must submit to a
urinalysis or saliva swab testing.	
Student Signature	 Date