

CONFIDENTIAL INFORMATION

Student Name: _____

Athletics _____

Student ID #: _____

TIVY HIGH SCHOOL

Parking _____

Grade: _____ Gender: _____

2021-2022

Other _____

Birthdate: _____

STUDENT RANDOM DRUG TESTING CONSENT FORM

FOR THOSE STUDENT PARTICIPATING OR INTENDING TO PARTICIPATE DURING 2021-2022 IN EXTRACURRICULAR ACTIVITIES OR ON-CAMPUS DRIVING PRIVILEGES

Student Name (Print Clearly): _____

As a parent or guardian of a student enrolled in Tivy High School, I have read and understood Tivy's policy regarding random student drug testing.

Because my child participates in extracurricular activities and/or receives a parking permit allowing him/her to park his/her vehicle on school property during the school day, I understand that my child will be asked to provide a urine sample for drug analysis. I consent to such testing as part of the District's drug and alcohol testing policy. (See FNF Local Board Policy)

I also understand the giving of a specimen when requested by the District is a condition of my child's continuing to participate in extracurricular activities and/or continuing the privileges of on campus driving/parking.

I understand that if a test of my child's specimen reveals an unexplained presence of a drug, the District may withdraw driving/parking privileges and the privilege of participating in extracurricular activities. I understand that a refusal to submit to a test will have the same consequence as if my child had tested positive.

I acknowledge drug testing results are confidential and will be disclosed to the student, the student's parent, and designated District officials who need the information in order to administer the drug-testing program.

Parent/Guardian Name (Please Print Name Clearly)

Parent/Guardian Signature

Date

Student Signature

Date