

Graduation Year _____

STUDENTS

Consent to Participate in Extracurricular Drug and Alcohol Testing Program

We have received, and have read and understand, the Metamora Township High School District #122 Extracurricular Drug and Alcohol Testing Program. We voluntarily agree that

_____ *(name of student participant)*

shall be subject to its terms for his or her entire high school career (grades 9-12). We accept the method of obtaining breath, urine, hair, and saliva swabs, the testing and analyses of such specimen, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine, breath, hair, or saliva specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. This consent is given pursuant to all 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, _____, have decided not to participate in any extracurricular activities sponsored by the School district for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to a urinalysis.

Student Signature

Parent/Guardian Signature