HUMPHREYS COUNTY SCHOOL DISTRICT

RANDOM DRUG TESTING PROGRAM CONSENT TO TEST FORM

Date:				
The st	udent and his/her parent(s) o	r legal guardian(s)	acknowledge th	nat the Hum

Student Name: ______

The student and his/her parent(s) or legal guardian(s) acknowledge that the Humphreys County School District ("District") has the right to perform random drug testing on students who wish to exercise the privilege of participating in school- sponsored athletic programs.

The student and his/her parent(s) or legal guardian(s) understand that as a condition of the student being allowed to participate in athletic programs in the District, the student may be required to undergo and successfully pass a random screening for illegal drugs, or other banned substances, as set forth in the District's Student Random Drug Testing Policy. The student and his/her parent(s) or legal guardian(s) acknowledge that they have read and understand this policy and procedure and that they agree to all terms and conditions contained therein.

The student and his/her parent(s) or legal guardian(s) hereby consent to participate in the random drug testing program and to the disclosure of testing results to designated District personnel and parent(s) and guardian(s). The student and his/her parent(s) or legal guardian(s) further understand that the student's refusal to submit to a drug screening will be treated in the same manner as if the student had tested positive for banned substances.

No student shall be penalized academically for testing positive for banned substances during random drug testing.

The privilege of being allowed to participate in school-sponsored athletics in the Humphreys County School District is contingent on the signing of this consent form.

This consent form shall remain in effect for the remainder of the current school year. Any revocation of this consent form shall disqualify the student from participating in school-sponsored athletic programs for the remainder of the school year.

PLEASE COMPLETE THE	E FOLLOWING:						
I plan to participate in one or more of the following:							
Athletic Programs (including cheerleading)							
Student Name: (PRINT)_			Current Grade: _	. .			
Student Signature:	W	-	Date:				
Parent/Guardian Name: (F	PRINT)	******	***************************************				
Parent/Guardian Signature: Date:							
Home Phone:	Work	Phone:					
Cell Phone:	·····						

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