CONSENT TO PERFORM RANDOM DRUG TESTING

**Agree to Random Drug Testing (Opt-­‐In Form)**

**AS A STUDENT:**

I understand and agree that participation in the following privileges may be withdrawn for any violation of the **Random Drug and Alcohol Testing Policy at USD 343**:

1. Participation in KSHSAA activities
2. Participation in KSHSAA athletics

I understand the consequences that I will face if I am selected for a random drug test and have a positive test result.

I understand that to be eligible for the privileges outlined above, I will be subject to random drug testing, and if I refuse, I will not be allowed to participate in KSHSAA activities/athletics.

**All students participating in a KSHSAA activity or sport must have a signed opt in form on file.**

I understand this agreement is binding while a student at Perry Lecompton High School. Parents may choose to rescind their consent at anytime by submitting a signed “remove from testing” form to their student’s current school.

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**Student Name Grade Date of Birth** (please print)

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**Student Signature Date**

**AS A PARENT/GUARDIAN/CUSTODIAN:**

**I have read and signed the policy for Random Drug and Alcohol Testing of USD 343 Students** and understand the responsibilities of my son/daughter/ward as a participant in extra‐curricular activities, athletics. My child will participate in random drug testing, and if he/she refuses, will not be allowed to participate. I have read and AGREE to the terms of the policy. I understand this is a binding agreement while my son/daughter/ward is a student at Perry Lecompton High School.

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**Parent/Guardian/Custodian Name Home Phone Work Phone**

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**Parent/Guardian/Custodian Signature Date**

**(OVER)**

CONSENT TO PERFORM RANDOM DRUG TESTING

**DECLINE RANDOM DRUG TESTING**

**AS A STUDENT:**

I have read the Policy for **Random Drug and Alcohol Testing of USD 343 Students** and have decided to **DECLINE** involvement.

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**Student Name Grade Date of Birth**

(Please Print)

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**Student Signature Date**

**AS A PARENT/GUARDIAN/CUSTODIAN:**

I have read the Policy for **Random Drug and Alcohol Testing of USD 343 Students** and have decided to **DECLINE** involvement of my student.

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**Parent/Guardian/Custodian Name Home Phone Work Phone**

(Please Print)

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**Parent/Guardian/Custodian Signature Date**