

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I understand and agree that participation in the following privileges may be withdrawn for any violation of the **Random Drug and Alcohol Testing Policy at USD 343:**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

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

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.

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

Parent/Guardian/Custodian Signature _____ **Date** _____

**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.

Student Name

(Please Print)

Grade

Date of Birth

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.

Parent/Guardian/Custodian Name

(Please Print)

Home Phone

Work Phone

Parent/Guardian/Custodian Signature

Date