

**STUDENT DRUG TESTING CONSENT:  
NON-ACTIVITY STUDENTS**

Student Printed Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

**Student Consent:**

I have read and understood the “Student Drug Testing Policy” and “Student Drug Testing Consent.” I understand that, out of care for my safety and health, District enforces the rules applying to the consumption or possession of illegal and/or performance-enhancing drugs.

\_\_\_\_\_ I CHOOSE TO PARTICIPATE IN THE DRUG TESTING PROGRAM.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent Consent:**

I have read and understood the “Student Drug Testing Policy” and “Student Drug Testing Consent.” I desire that the student submit to testing, although the student does not intend to participate in competitive extra-curricular activities, and I hereby voluntarily agree to be subject to its terms. I accept the obtaining of saliva samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

\_\_\_\_\_ I AGREE TO THE TERMS OF THIS POLICY.

Printed Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_