

PUTNAM COUNTY BOARD OF EDUCATION STUDENT DRUG TESTING CONSENT FORM

Section to be filled out by Activity Student, Driving Student or Opt-In Participant

Please Print:

Student's Last Name

First Name

MI

School

Grade

Student ID – WVEIS #

I, the above named student, after having read the Student Drug Testing Policy and “Student Drug Testing Consent Form” understand that, out of care for my safety and health, Putnam County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Putnam County Schools athletics or extra-curricular activities or one who drives and parks on school property, or an Opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities or driving, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

Check all that apply:

_____ **Activity Student**

_____ **Driving Student**

_____ **Opt-in Student**

Signature of Student

Date

Section to be Filled out by Parent/Guardian and Principal/Coach/Sponsor

We have read and understand the Putnam County Schools Student Drug Testing Policy and “Student Drug Testing Consent Form.” We voluntarily agree on behalf of the student named above that, in order to participate in athletics or extra-curricular activities; and/or to be granted permission to drive to and park on property of Putnam County Schools; and/or by electing to have him/her included in the testing pool as an Opt-in Participant, the student must submit to drug testing and must also agree to be subject to the terms of Putnam County Schools’ drug testing policy. We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Parent/Guardian Name (Print)

Signature of Parent/Custodial Guardian

Date

Home Phone

Cell Phone

Work/Other Phone

Signature of Principal/Coach/Sponsor

Date

This Student Drug Testing Form will remain on file for your student and will only be removed from the Random Drug Testing Program by signed parental/custodial guardian consent delivered to the Superintendent’s designee.