

LABETTE COUNTY HIGH SCHOOL INFORMED CONSENT AGREEMENT

THIS FORM MUST BE ON FILE WITHIN 10 SCHOOL DAYS OF THE SEMESTER OR WITHIN 10 SCHOOL DAYS OF TRANSFER

Student Name _____ Grade _____
(Please Print)

AS A STUDENT:

I understand and agree that participation in extracurricular activities is a privilege that may be withdrawn for violations of the Policy for Student Drug Testing of Labette County High School Students. I have read the Policy for Student Drug Testing of Labette County High School Students and 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 when I participate in any extracurricular activity as defined in Board Policy, I will be subject to random urine drug testing, and if I refuse or test positive, I will not be allowed to practice, or participate in any athletic program or extracurricular activity. I have read the consent on the reverse of this form.

I understand this is binding while a student at Labette County High School during the current school year.

_____ I hereby give consent for testing.

_____ I refuse / do not give consent for testing.

_____ Date _____
(Student Signature)

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the Policy for Student Drug Testing of Labette County High School Students and understand the responsibilities of my son/daughter/ward as a participant in extracurricular activities through Labette County High School. I understand a positive test result or refusal to submit a sample will result in consequences including suspension from activities as per policy for my student.

I understand that my son/daughter/ward, when participating in extracurricular activities as defined in Board Policy, may be subjected to random urine drug testing, and if they refuse or test positive, will not be allowed to practice or participate in any extracurricular activities. I have read the consent on the reverse of this form.

I understand this is binding while my son/daughter/ward is a student at Labette County High School during the current school year.

_____ I hereby give consent for testing.

_____ I refuse / do not give consent for testing.

_____ Date _____
Parent/Guardian/Custodian Signature

_____ Work Phone _____ Cell Phone _____
Parent/Guardian/Custodian Name (Please Print)