

## Drug Testing Consent Form

STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

ATHLETE/EXTRA CURRICULAR ACTIVITY PARTICIPANT

Sport/Activity/Club \_\_\_\_\_

School (Please Print) \_\_\_\_\_

Student Athlete Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

We have read and understand the Mason County School Board Policy 09.423 dealing with Use of Alcohol, Drug and other Controlled Substances. I desire that \_\_\_\_\_ should be designated as a participant in athletic/extracurricular activities for the 2019/20 school year and I hereby voluntarily agree, individually and on behalf of my child/guardian is subject to the terms of Board policy 09.423 for as long as s/he participates in a covered activity. On behalf of \_\_\_\_\_ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Mason County Board Policy 09.423. I consent that the testing laboratory can call me at \_\_\_\_\_ to verify any prescription drugs my child may be taking.

Student Name \_\_\_\_\_ Date \_\_\_\_\_

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