

# **Putnam County Board of Education**

## **Student Drug Testing Consent**

### **Statement of Purpose and Intent**

Participation in athletics, extra-curricular activities and driving on campus are student privileges. Activity Students carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Students who elect to drive a privately owned vehicle to and from school and park on school property also carry an added accountability for the safe operation of a vehicle while on school property.

Drug use of any kind is incompatible with the physical, mental and emotional demands placed upon participants in extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of Putnam County Schools. For the safety, health and well being of students who drive to school and/or participate in extra-curricular activities in Putnam County schools, the County has adopted the attached Student Drug Testing Policy and the "Student Drug Testing Consent Form" for use by all participating students at the high school level.

### **Participation in Extra-Curricular Activities or Driving to School**

Each extra-curricular student and driving student shall be provided with a copy of the Student Drug Testing Policy and "Student Drug Testing Consent Form" which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activity or before issuance of a driving/parking pass. The "Student Drug Testing Consent Form" must be completed, signed and returned to the school prior to participating in any school activity or obtaining a parking permit to park on the school campus.

The Opt-In Participant and parent or custodial guardian shall also consent to read and sign a consent form.

The consent shall be to provide a sample:

1. As chosen by the random selection basis, and
2. At any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs.

No student shall be allowed to practice or participate in any activity, governed by the policy, or drive to school unless the student has returned the properly signed "Student Drug Testing Consent Form."

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.

# 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

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