Last Name _____ **First Name** _____

(2017-2018) Form Grade _____

Testing #

MSD of Wabash County Drug Testing Program
CONSENT FORM

I have received and have read and understand the MSD of Wabash County Extra-curricular Activities Drug Testing Policy. I desire that _____ participate in this program, and in the covered programs of the School Corporation, and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 7-12).

I accept the method of obtaining urine samples, testing and analysis of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. The results of the drug testing will be released only to appropriate staff members as designated in the administrative guidelines unless further permission is obtained.

This Drug Testing Program Consent Form must be on file for all students participating in extra-curricular activities, including but not limited to Athletics, Cheerleading, Drama Club, Speech Club, Band, Choir, Student Government, Academic Club, National Honor Society, as well as driving a car to school.

_____	_____	_____
Date	**Student Signature**	**Custodial Parent/Guardian Signature**

Page is to be kept intact—DO NOT CUT

* *

If you have filled out the above, DO NOT fill out this section

I, _____, have decided not to participate in any covered activities sponsored by the MSD of Wabash County for the remainder of this school year. In order for me to participate in one or more of the covered programs at a later date, I understand that I must submit to a drug test.

_____	_____	_____
Date	**Student Signature**	**Custodial Parent/Guardian Signature**