

Scobey Public Schools Student Drug Testing Consent Form

Participation in school sponsored extra-curricular activities at Scobey Public Schools is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their families, their school, and their community to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Chemical use of any kind is incompatible with participation in extra-curricular activities at Scobey Public Schools.

Scobey Public Schools has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all Activity Students at the Jr. High and High School level. This policy explains in more detail the purpose of drug testing and its implementation.

CONSENT BEFORE PARTICIPATION: Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and this Student Drug Testing Consent, which shall be read, signed and dated by the Activity Student, parent or custodial guardian and returned to the school administration *before* each student shall be eligible to practice or participate in activities. The Activity Student (and parent/guardian if student is under 18) shall sign this Consent before beginning practice or participation in any activities. This consent allows Scobey Public Schools to obtain a urine sample from each Activity Student: a) annually before participating in first contest or event; b) if chosen by the random selection basis; and c) at any time based on reasonable suspicion to be tested for illegal drugs.

Student's Last Name (please print)	First Name	MI
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I have been given, read and understood the "Student Activity Drug Testing Policy" and this "Student Drug Testing Consent". I understand the Scobey Public Schools enforces the rules applying to the use or possession of illegal drugs as defined in the policy. As a member of an extra-curricular activity, I realize that the personal decisions that I make daily in regard to the use or possession of illegal drugs may affect my health and well-being, may endanger those around me, and may reflect negatively upon myself, my family, my activity, my school, and my community. If I choose to violate school policy regarding the use or possession of illegal drugs, I understand I will be subject to discipline and restrictions on my participation as outlined in the Policy. I consent to submit to drug testing in accordance with the Student Activity Drug Testing Policy.

Signature of Student	Date
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We have read and understood the "Activity Student Drug Testing Policy" and this "Student Drug testing Consent". We desire that the student named above participate in the extra-curricular activities of Scobey Public Schools. We consent to the implementation and enforcement of the policy, and we agree that the student named above will be subject to the policy and will be required to undergo drug testing in order to participate in school activities. We give our consent to drug testing of this student in accordance with the policy and procedures implementing the policy. We understand the discipline and restriction on participation that can be enforced against the student for violations as explained in the policy.

Signature of Parent/Guardian	Date
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