

**EAST CENTRAL HIGH SCHOOL
EXTRA-CURRICULAR CONSENT FORM**

I have received and have read and understand a copy of the East Central High School Extra-Curricular Activities Drug Testing Program. I desire that _____ participate in this program, as a result of their participation in the extra-curricular/athletic program of East Central High School or to operate a motor vehicle on school property, and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses 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. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of right to nondisclosure of such test records and results only to the extent of the disclosures in the program.

I further understand that if my student is an athlete that his/her eligibility for drug testing will be for one year from the date of last participation.

Date

Student ID Number

Student Signature Grade Parent/Guardian Signature

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I, _____, have decided not to participate in any extra-curricular activities sponsored by East Central High School for the remainder of this school year. In order for me to participate in the extra-curricular activity program or to operate a vehicle on school property at a later date, I understand that I must submit a urinalysis.

Student Signature

Date

Parent/Guardian Signature

Date