SENECA VALLEY

2015-16 Drug Testing Consent Form

$30 cash or check made payable to S.V.S.D.

INFORMED CONSENT AGREEMENT

Student's Name _____ (Please Print)

Student's ID # _____ Grade _____

Sport(s) _____ (Please Print)

Student Driver _____ (Please Print)

AS A STUDENT:

- I understand and agree that participation in athletics, activities, or in student driving is a privilege that may be withdrawn for violations of this policy.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program, activity, or in student driving, I will be subjected to initial and random urine drug testing, and if I refuse I will not be allowed to practice or participate in any athletic program, activity, or in student driving.
- I understand this agreement is binding while I'm a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ Student Signature

_____ Date

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in any athletic program, activity, or student driving will be subjected to initial and random urine drug testing, and if they refuse will not be allowed to practice or participate in any athletic activities or continue driving and parking on school grounds.
- I understand that upon completion of my son/daughter/ward's activity, I have the option to remove them from the random pool with a signed letter to the building principal, assuming that they do not intend on participating for the rest of the year.
- I understand this agreement is binding while my son/daughter/ward is a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ Parent/Guardian/ Custodian Signature

_____ Date

_____ Parent/Guardian/Custodian Printed Name

_____ Home/Cell Number

_____ Work Number

For office use only:

Date _____ **Check #** _____ **or** **Cash** _____ **Initials** _____