

## **Consent to Participate in Drug Testing**

I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in privileged activities in the Douglas County School System. I further understand that if I refuse to take the test, fail to report for the test, or if the test establishes a violation of the drug testing policy, I will be subject to consequences as set forth by the drug testing policy.

By signing and dating this form, I consent to take an initial drug test, if required, and be randomly tested throughout the school year. The initial drug test, when required, is to be completed prior to the start of the privileged activity. The random testing will be done monthly throughout the school year. The selection process for random drug testing will be performed by the contracting body with the participating students being notified on the day they are to report for testing.

**I hereby consent to the administration of drug tests and to the conditions listed in this consent and the accompanying general prohibitions and procedures as outlined in Policy JCDAB-R/JCDAC-R, JCDAB-R(1) of the Douglas County School System Policy Manual.**

**I understand that unless my parent or guardian contacts the Drug Testing Administrator after the first year, and makes a formal request to remove my name and student ID number from the testing pool, my name will automatically be re-entered into the testing pool each year.**

**Participating Student's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**THIS IS A REQUIRED FORM TO PARTICIPATE IN ANY NMHS BAND PROGRAM.**