

STUDENT DRUG TESTING
(Consent Form)

I, _____, [student's name] have received, read, understand and agree to abide by the Eldon R-I School District drug testing policy and procedures. As a condition of participating in activities in the Eldon R-I School District, I agree to provide urine specimens when directed and authorize the district to have the specimens tested for drugs and alcohol. I also authorize the release of information concerning the results of such a test to the superintendent or designated administrator and to my parents/guardians.

Student Signature

Date

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the Eldon R-I School District drug testing policy and procedures. As a condition of my student's participation in activities in the Eldon R-I School District, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I also authorize the release of information concerning the results of such a test to the superintendent or designated administrator.

Signature of Parent/Guardian

Date

This consent form will remain in effect for the duration of the student's enrollment within the Eldon R-I School District, unless revoked in writing by the parent/guardian.

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 12/21/2009

Eldon R-I School District, Eldon, Missouri