

CONNELLSVILLE AREA SCHOOL DISTRICT

STUDENT ATHLETE/ACTIVITY, STUDENT DRIVER AND PARENT/GUARDIAN
INFORMED CONSENT FOR DRUG/ALCOHOL TESTING FORM

Student Name _____ Grade _____
(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- I understand and agree that participation in athletics, activities, or in student driving is a privilege that may be withdrawn for violations of this policy.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 (hair) 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 a student at Connellsville Area.

Student Signature _____ Date _____

AS 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 (hair) 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 a school activity, or a student driver at Connellsville Area.

Parent/Guardian/Custodian Signature _____ Date _____

Parent/Guardian/Custodian Name (print) _____

Home Phone Number _____ Work Phone Number _____

For office use only: Sport/Activity _____

Driver _____ Date _____ Initial _____