

Consent to Participate in Extracurricular Drug and Alcohol Testing Program

General Use

We have received, and have read and understand, District 158's Extracurricular Drug and Alcohol Testing Program. We voluntarily agree that _____
printed name of student-participant

shall be subject to its terms for their entire high school career (grades 9-12). We accept the method of obtaining breath and urine specimens, the testing and analyses of such specimen, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine specimens upon request.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. This consent is given pursuant to all State and federal privacy statues, and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

Date: _____

Student ID #: _____

*Student Signature*_____
*Parent/Guardian Signature*_____
Student Graduation Year_____
Student Date of Birth