

Cascade School District No. 422

STUDENTS

3400F

DRUG TESTING AND ACTIVITY CODE CONSENT FORM

Nature of Policy

The results of drug tests pursuant to this policy will not be documented in any activity student’s academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process. Cascade School District No. 422 shall not solicit any such process as a result of mandatory drug testing. In the event of service of any such subpoena or legal process, the student and /or the student’s custodial parent or legal guardian will be notified before response is made by Cascade School District No. 422. A record of a positive result(s) will be kept through the student’s senior year.

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by Cascade School District No. 422 Board of Trustees and the sponsors for the activity in which I participate. I authorize Cascade School District No. 422 to conduct tests on urine specimens and/or saliva sample, or breath analysis which I provide to test for drugs and alcohol use. I also authorize the release of information concerning the results of such a test to the principal, his/her designee or the drug test coordinator(s), and to my parent or legal guardian.

This form need not be signed every year, but after the first form is completed it will be in effect for the student’s entire enrollment in Cascade School District No. 422. Future policy amendments will require parent/legal guardian signatures on a new notarized consent form.

Activity Student Signature _____
Parent/Legal Guardian Signature _____
Date _____

Please Read Carefully

Request to Observe Collection Process: Completing this section indicates that one of the following parents/legal guardians must be present to witness the Collection Process of the Activity Student indicated on this form. Notification is to occur on the day of collection.

Name(s) _____ Phone#(s) _____
Alternate Name(s) _____ Phone#(s) _____

Notary Public:

STATE OF _____, County of _____, ss.

On this ____ day of _____, in the year of _____, before me

_____, a notary public, personally appeared

_____, known or identified to me to be the person__ whose

name__, _____ are subscribed to the within instrument, and acknowledged to me that __ he__ executed the same.

Notary Public: _____

Residing at: _____

My commission expires on: _____

Policy History:

Adopted on: 7/15/09
Revised on: