

Random Drug Testing For Students Drivers, Extra-Curricular Students and Student Athletes

Permission To Test

I hereby give permission for the Greenwood School District and a Contracted Medical Practice to perform a urine drug screen on my son/daughter. I realize the purpose and ramifications of the testing and will follow the guidelines set forth for positive tests.

I understand that my son/daughter will not be punished by suspension or expulsion for a positive test result however, he/she will be disqualified from participating in competitive games/matches, parking on school property, or participating in extra-curricular events as outlined in policy #123.2. I also understand that my son/daughter will be required to comply with specific guidelines as set forth in this policy.

The Greenwood School District is committed to providing safe, drug free programs. We appreciate your support, encouragement, and cooperation. You may request to be present when your son/daughter is escorted to the test site, but you must remain in the waiting area during the test procedures. The cost of the initial test, and if necessary, the drug and alcohol assessment evaluation will be the responsibility of the Greenwood School District. All tests will be confidential. The selection process is completed by a random sampling process.

Parent/Guardian Signature

Date

As a student driver, extra-curricular student, and/or student athlete I agree to participate in the urine drug-testing program. I have read and understand the information provided in this permission to test form.

Student/Athlete Signature

Date

Students Printed Name

Student Social Security Number