

**Edinburgh Community School Corporation**  
**Extra Curricular Random Drug Testing Consent Form**  
(Please read and complete form. Turn this sheet in to the athletic office.)

*Signing Part A will consent to and allow you to participate in any extra curricular activities*

**Part A:**

I have received and have read and understand a copy of the Edinburgh Community School Corporation Random Drug-Testing Policy (Board Policy 7.23). I desire that

\_\_\_\_\_ (Print student's name clearly) participates in this program as a volunteer; a participant in an Edinburgh extra-curricular program (athletic or club); or as a prospective driver to school.

I acknowledge that he/she will be involved in this drug-testing program for the entire middle school and high school career (grades 6-12), unless requested by a legal parent/guardian to remove the student from the program. I accept the method of obtaining the specimen outlined in the policy, testing and analyses of the specimen, and all other aspects of the program.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

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**Part B:**

*Signing Part B will not grant consent and will not allow you to participate in any extra curricular activities*

I, \_\_\_\_\_ (print clearly), have decided **NOT** to submit to the Random Drug Testing Policy and therefore I can **NOT** participate in any extra-curricular activities sponsored by Edinburgh Community Schools until I choose to submit to the policy. In order for me to participate in an extra curricular program at a later date, I understand that I *may* have to submit to a drug-test at my own expense.

**Student Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_