

PRINT STUDENT NAME: \_\_\_\_\_  
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## **CARTERSVILLE HIGH SCHOOL**

### **CONSENT TO EXTRA-CURRICULAR PARTICIPANT STUDENT DRUG TESTING**

I understand that by participating in any extra-curricular activity at Cartersville High School, I am subject to testing for the presence of drugs and alcohol as a condition of my participation. I further understand my refusal to take a drug test, my failing to report for a drug test, or if my drug test results establish a violation of the drug testing policy, I will face disciplinary action set forth by the Cartersville High School drug testing policy.

By signing and dating this form, I consent to take a urinary drug test as required by random selection throughout the school year. Random drug testing will be performed monthly, throughout the entirety of the school year. Drawing of student names for random drug testing will be performed by an outside lab with students being notified on the day they are to report for urinary drug testing.

**I hereby consent to the administration of urinary drug testing and to the conditions listed in this consent.**

**Participating Student's Name**

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian Name:**

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_