

**Students**

**Exhibit – Consent to Participate in Extracurricular Drug and Alcohol Testing Program**

We have received, and have read and understand, the District Extracurricular Drug and Alcohol Testing Program. We voluntarily agree that \_\_\_\_\_ shall be subject  
*Name of Student-Participant*

to its terms for his or her entire middle school and high school career (grades 7-12). We accept the method of obtaining breath and urine specimens, or saliva swab specimens, and the testing and analyses of such specimen, and all other aspects of the program. The student-participant agrees to cooperate in furnishing urine or saliva swab 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 statutes, and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

*Date:* \_\_\_\_\_

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

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

.....  
I, \_\_\_\_\_, have decided not to participate in any extracurricular activities sponsored by the School District for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to a urinalysis or saliva swab testing.

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

\_\_\_\_\_  
*Date*