



## CONSENT FORM

### STUDENT RANDOM EXTRACURRICULAR DRUG TESTING

#### TAYLOR COUNTY SCHOOL DISTRICT

I have received a copy of the Taylor County School Board Policy entitled *STUDENT RANDOM DRUG TESTING*. I understand that submission to testing for the presence of drugs and alcohol is a condition of participation in extracurricular activities in Taylor County Public Schools. I further understand that if I fail to report for a drug test without a verified excuse acceptable to my school principal or the principal's designee, or if a drug test establishes a positive test result, I will face consequences as set forth in the *STUDENT RANDOM DRUG TESTING* policy established by the School Board.

By signing and dating this form I understand that random drug testing will be conducted quarterly, or as deemed necessary by the school principal, throughout the calendar year. I understand that in the event of an initial positive test result, a request that the remainder of the sample be tested will be at the expense of the student and/or his/her parent/guardian/custodian.

I further consent to the confidential release of all information and records, including drug test results that are generated or obtained pursuant to the Policy to the persons so indicated in the Policy, including but not limited to the principal or the principal's designee, and drug counseling program in which I enroll and to my parent/guardian/custodian.

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

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

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Notary Public

State of Florida

Parent/Guardian/Custodian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Custodian Signature: \_\_\_\_\_

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Notary Public

State of Florida