St. Regis School District 3350F

DRUG TESTING CONSENT FORM

I have received, read, and understand St. Regis School District Policy 3340, Student Alcohol and Other Drugs, and Policy 3350, Alcohol/Drug Policy for All Co-Curricular Activities and Athletics, and hereby voluntarily agree to be subject to their terms for the period designated by the Board. I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens which may be required from time to time.

I further agree and consent to 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: _____ Date: _____

Drug Consent Log

Date Drug Test Taken	Administrator	Student's Initials