

STAR CITY SCHOOL DISTRICT  
CONSENT TO RANDOM TESTING OF URINE SAMPLES FOR STUDENTS  
PARTICIPATING IN EXTRACURRICULAR ACTIVITIES OR  
SEEKING PARKING PRIVILEGES  
**2019-2020**

**Printed Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

I hereby acknowledge that I have received a copy of the Star City School District Drug Testing Policy (located in student handbook). I further state I have read the Policy and understand all provisions of the drug testing program set forth in the Policy.

Because my child intends to participate in extracurricular activities and/or receive a parking permit allowing him/her to park his/her vehicle on school property during the school day, my child may be required to provide a urine sample for drug analysis. As parent, I consent to such testing required by the District Policy referred to in this consent form.

I further understand that while my child cannot be compelled to produce a urine specimen, the providing of a urine specimen pursuant to the Policy when requested by the District is a condition of my child's continuing to participate in extracurricular activities and/or continuing the privilege of driving/parking on District Property. If the test of my child's specimen reveals an unexplained presence of a drug or the presence of alcohol, I understand the District may withdraw privileges for my child to participate in extracurricular activities or driving/parking privileges after all follow up procedures are pursued as desired by myself and my child. Lastly, a refusal to submit to a urine test will have the same consequences as my child has tested positive.

By signing this consent form, I authorize the appropriate administration of Star City School District to communicate orally or in writing and share the test information with each other as is necessary as to the performance of the Policy. The District is also authorized by this consent to communicate the results of any drug testing in any administrative or legal proceeding relevant to the results of my child's drug testing performed pursuant to this Policy. Other than which is expected above, I request the District to keep such information regarding my child's drug testing as confidential pursuant to both state and federal law.

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

Printed Parent/Guardian Name \_\_\_\_\_

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

Date \_\_\_\_\_