

# HERRIN CUSD #4

## CONSENT FORM FOR CONTROLLED SUBSTANCE, ILLICIT DRUG AND ALCOHOL TESTING

I/We have received a copy of the Herrin High School Extracurricular Testing Policy and have read and understand the policy.

I/We desire that (student's name) \_\_\_\_\_ be permitted to participate in extracurricular activities and hereby voluntarily agrees to the terms of this program.

I/We accept the method of obtaining urine samples, testing of such specimen and all other aspects of the program as explained in the policy. I/We agree that the above named student will cooperate in furnishing urine specimens whenever requested within the specifications of the policy. Refusal to comply with the testing program will result in ineligibility in extracurricular activities for the remainder of the school year.

I/We further consent to the disclosure of sampling, testing and results as explained in this policy.

This consent is given to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures in the program.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

1<sup>st</sup> Phone # to call: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Cell #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_

Father's Work #: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_

Father's Home #: \_\_\_\_\_

Mother's Home #: \_\_\_\_\_

\*if home number is the same as cell, just leave home # blank. Thank You.

Any Other Emergency #'s: \_\_\_\_\_