

STUDENT DRUG TESTING
(Consent Form)

I, _____ [student's name] have received, read, understand, and agree to abide by the Jackson R-II School District's drug testing policy and procedures. As a condition of participating in covered activities in the Jackson R-II School District, I agree to provide urine specimens when directed and authorize the District to have the specimens tested for illegal drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Jackson R-II School District and to my parents/guardians. I understand that refusal to be tested when selected will be considered by the District to be a positive test, and that I will be subject to consequences as set forth in Board Policy. I understand that this Consent will remain in effect until: (1) graduation; (2) submission of an Activity Drop Form, effectively withdrawing from the drug testing program and revoking this Consent, or (3) upon submission of written revocation of consent to the District by my parents/guardians.

Student Signature

Date

I, _____ [name of parent/guardian] have received, read, understand, and agree to abide by the Jackson R-II School District's drug testing policy and procedures. As a condition of my student's participation in covered activities in the Jackson R-II School District, I authorize the District to collect urine specimens from my student and authorize the District to have the specimens tested for illegal drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Jackson R-II School District. I understand that the Jackson R-II School District will pay for all random drug tests if my student is selected. I understand that this Consent will remain in effect until: (1) graduation; (2) submission of an Activity Drop Form, effectively withdrawing from the drug testing program and revoking this Consent, or (3) upon submission of written revocation of consent to the District by myself or the student's other parent/guardian.

Signature of Parent/Guardian

Date