

ID # _____

Section to be Filled Out by Activity Student, Driving Student or Opt-in Participant

Please Print or Type:

Student's Last Name

First Name

MI

I, the above named student, understand after having read the *Student Drug Testing Policy* and "Student Drug Testing Consent Form" that, out of care for my safety and health, Cabell County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Cabell County Schools interscholastic extra-curricular activity or one who drives and parks on school property, or an Opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities or driving, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

Check all that apply: Activity Student Driving Student Opt-in Participant

Signature of Student

Date

Section to be Filled Out by Parent/Guardian and Principal/Coach/Sponsor

We have read and understood the Cabell County Schools *Student Drug Testing Policy* and "Student Drug Testing Consent Form." *We voluntarily agree on behalf of the student named above that, in order to participate in interscholastic extra-curricular activities; and/or to be granted permission to drive to and park on property of Cabell County Schools; and/or by electing to have him/her included in the testing pool as an Opt-in Participant, the student must submit to drug testing and must also agree to be subject to the terms of Cabell County Schools' drug testing policy.* We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Signature of Parent or Custodial Guardian

Date

Signature of Principal/Coach/Sponsor

Team/Activity

Date