

*Lathrop R-II School District
Drug Testing Consent Form
2007-2008*

I have read and understand the Lathrop R-II School District's drug testing policy and procedures.

I hereby give consent for my student to participate in the random drug testing program at Lathrop R-2 School District. I understand that my student will be placed in a pool for random drug testing and that the Lathrop R-II School District will pay for the random test if my student is selected. I also understand that if my student tests positive for drugs during a random test, I will pay for the drug test for my student to be reinstated into extra-curricular activities.

I understand that students who wish to drop out of the drug testing pool must first have their parent/legal guardian schedule a meeting with the Athletic Director. The student must sign a release form stating they no longer wish to participate in the random drug testing pool.

I understand that if my student drops out of the random drug testing pool they are no longer eligible to participate in extra-curricular activities at Lathrop High School.

Student Name (Please Print) _____

Student Signature _____

Parent/Legal Guardian (Please Print) _____

Parent Signature _____

Date _____

This form must be completed before a student can participate in any extra-curricular activities at Lathrop High School. This consent form is good for the current school year and must be renewed annually in order for the student to be eligible to participate in extra-curricular activities.