

Cloudcroft Municipal School Extra-Curricular
Random Drug and Alcohol Testing Consent Form

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I acknowledge that I understand Cloudcroft Municipal School's Random Drug and Alcohol Testing Policy and Regulations. I agree to accept and abide by the standards, policies, rules and regulations set forth by the Cloudcroft Municipal School's Random Drug and Alcohol Testing Policy and Regulations. I can attain a copy of the regulations either on the Cloudcroft Municipal School's web-site or upon request.

I have read the "Cloudcroft Municipal School Drug and Alcohol Testing Policy" and the "Cloudcroft Municipal School Extra-Curricular Activities Drug and Alcohol Testing Consent Form" and any questions I have about the Policy or the Consent Form have been answered. I understand the Policy and the Consent Form. I further understand that if I violate the Policy regarding the use of illegal drugs and alcohol, I will be subject to the consequences provided in the Policy.

The parent must sign this request if the student is under eighteen (18) years of age. Only the student need sign if eighteen (18) years of age or over.

Student Name _____

Student Signature _____ Date _____

I request that _____ be allowed to participate in the school-sponsored activities which are subject to the Cloudcroft Municipal School District's Random Drug and Alcohol Testing Policy. I accept the methods of the collection process, testing procedures, and sample analysis, and all other aspects of the Cloudcroft Municipal School District's Random Drug and Alcohol Testing Policy.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all state and federal privacy statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Pursuant to the District's Random Drug and Alcohol Testing policy and regulations, I also authorize the release of information concerning the results of such test to designated District personnel.

I have read and understand the District "Cloudcroft Municipal School Extra-Curricular Drug and Alcohol Testing Policy" and the "Student Extra-Curricular Activities Drug and Alcohol Testing Consent Form". We desire that our Student participate in extra-curricular activities programs offered by the District School District, and we hereby agree that the Student shall be subject to the terms of the Policy and Consent Form. We understand and agree to the requirements and procedures specified by the Policy, and to all other aspects of the program. We further agree and consent to the reporting of the results of testing as provided in this Policy.

The parent must sign this request if the student is under eighteen (18) years of age. Only the student need sign if eighteen (18) years of age or over.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

I have decided not to allow _____ to participate in any school-sponsored extracurricular activity sponsored by the District for the remainder of this school year.

understand that participation in the school-sponsored extracurricular activity at a later date will require submission to the District's Random Drug and Alcohol Testing policy and regulations.

The parent must sign this request if the student is under eighteen (18) years of age. Only the student need sign if eighteen (18) years of age or over.

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Student Name _____

Student Signature _____ Date _____