

# TIMBERLAKE HIGH SCHOOL STUDENT DRUG TESTING CONSENT FORM

For all 9-12 gr. Students participating in off-campus, competitive activities (Sports, Music, Scholar Bowl, etc.)

**Please refer to the Timberlake Student Handbook for the complete ACTIVITY DRUG TESTING POLICY.**

## **Statement of Purpose and Intent**

Participation in school sponsored extra-curricular activities at the Timberlake School District is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Timberlake Public School District. For the safety, health, and well-being of the students of the Timberlake Public Schools, the District has adopted the Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at Timberlake High School.

## **Participation in Extra-Curricular Activities**

Each Activity Student shall have read the Activity Student Drug Testing policy in the Student Handbook and the Student Drug Testing Consent Form, which shall be read, signed, and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample: a) as part of their annual physical or for eligibility for participation; b) as chosen by the random selection basis; and c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

\_\_\_\_\_  
Student #1 Last Name                      First Name                      MI

\_\_\_\_\_  
Student #2 Last Name                      First Name                      MI

\_\_\_\_\_  
Student #3 Last Name                      First Name                      MI

\_\_\_\_\_  
Student #4 Last Name                      First Name                      MI

I understand after having read the Student Activity Drug Testing Policy and the Student Drug Testing Consent Form that, out of care for my safety and health, the Timberlake Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Timberlake extra-curricular Interscholastic activity, I realize that the personal decisions 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 at any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the **Student Activity Drug Testing Policy.**

\_\_\_\_\_  
(Signature of Student #1)

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

\_\_\_\_\_  
(Signature of Student #2)

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

\_\_\_\_\_  
(Signature of Student #3)

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

\_\_\_\_\_  
(Signature of Student #4)

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

We have read and understand the Timberlake Public School District Activity Student Drug Testing Policy and Student Drug Testing Consent Form. We desire that the student named above participate in the extra-curricular interscholastic programs of the Timberlake Public School District and we hereby voluntarily agree to be subject to its terms. We accept that 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 Coach/Sponsor)

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