

Student Activities Drug Testing Policy  
Student Activities Consent to Testing

I, \_\_\_\_\_ (student name), hereby authorize the Clearview Regional High School District ("District") to conduct a test on a urine sample, which I provide to test for drug and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Superintendent of Schools and to my parent(s) or guardian(s). I understand that the District may require that I provide a urine sample for testing prior to the start of each athletic season in which I will participate, and weekly thereafter on a random basis, pursuant to the Student Activities Drug Testing Policy. I have been given the opportunity to read the District's Student Activities Drug Testing Policy online and/or request a copy; I understand its terms, and agree to abide by the procedures described therein.

Student Name: (please print) \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Student's Grade

Date: \_\_\_\_\_

\_\_\_\_\_  
Sport/Activity

Student Activities Drug Testing Policy  
Parent/Guardian Consent to Testing

I, \_\_\_\_\_ (parent/guardian name), hereby authorize the Clearview Regional High School District ("District") to conduct a test on a urine sample which will be provided by \_\_\_\_\_ (students name) to test for drug and/or alcohol use. I also authorize the release of information concerning the results of such a test to the Superintendent of Schools. I understand that the District may require that my child provide a urine sample for testing prior to the start of each athletic season in which he/she will participate, or at the start of a co-curricular activity, or prior to being granted parking privileges, and weekly thereafter on a random basis, pursuant to the Student Activities Drug Testing Policy. I have been given the opportunity to read the District's Student Activities Drug Testing Policy online and/or request a copy; I understand its terms, and agree to subject my child to the procedures described therein.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date