

CLINTON PUBLIC SCHOOL DISTRICT  
STUDENT DRUG TESTING CONSENT FORM

**Statement of Purpose and Intent**

Participation in school-sponsored extracurricular activities in the school of Clinton Public School District is a privilege. Activity students have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible examples of conduct by avoiding the use or possession of illegal or performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extracurricular activities in the Clinton Public School District. For the safety, health, and well being of all students, the Clinton Public School District has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities, whether or not the activity is in off season and in season (an "Activity Student").

**Participation in Extra-Curricular Activities**

Each Activity Student shall be given a copy of the Activity Student Random Drug Testing Policy and Student Drug Testing Consent. Both the student and the student's parent or legal guardian must read, sign, and date the Student Drug Testing Consent before the student shall be eligible to practice or participate in the listed extracurricular activity. To be eligible to participate in or practice with certain extracurricular activities, the consent shall be (a) to give a urine sample; (b) if chosen on a random selection basis; or (c) at any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by this policy unless the student has returned the properly signed Student Drug Testing Consent.

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
School

I have read the “Student Activity Drug Testing Policy” and “Student Drug Testing Consent” and I understand that, out of care for my safety and health and safety of others, the Clinton Public School District enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school’s extracurricular activity, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and well being, possibly endanger those around me, and reflect poorly upon any organization with which I am associated. If I choose to violate this policy regarding the use or possession of illegal or performance-enhancing drugs at any time, whether during in-season or off-season, I understand upon determination of that violation I will be subject to the restrictions on my participation and practice as outlined in the Policy. I understand that this signed consent form will be active for my entire tenure at the school in which the consent form is signed as long as I am a participant in extracurricular activities. If a student, who is a participant in the Extra-curricular Activity Drug Testing Program, wishes to withdraw from the Extra-Curricular Activity Drug Testing Program both the student and the student’s parent or custodial guardian must read, sign and date the Extra-Curricular Student Random Drug Testing Program Withdrawal Form and submit such form to the principal at his/her school.

I authorize any laboratory or medical provider to release test results to Clinton Public School District and its Medical Review Officer. I authorize the Medical Review Officer to release final test results to the Board.

I also expressly authorize the Board or its MRO to release any test-related information, including positive results:

- (a) As directed by my specific, written consent authorizing release of the information to an identified person.
- (b) To my decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of myself.

I understand that the agreement in no way limits my right to terminate or to be terminated from Clinton Public School District.

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Signature of Student

Date

We have read and understand the Clinton Public School District “Activity Student Random Drug Testing Policy” and “Student Drug Testing Consent”. We desire that the student named above participate in the extracurricular activities of the Clinton Public School District, and we hereby voluntarily agree that our child or ward and use are subject to terms of the Activity Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further agree and consent to the disclosure of the sampling, testing and results as provided in the policy and any regulation adopted by the administration of the District. We understand that this signed consent form will be active for the entire tenure at the school in which the consent form is signed as long as our child or ward is a participant in extracurricular activities. If a student, who is a participant in the Extra-Curricular Activity Drug Testing Program, wishes to withdraw from the Extra-Curricular Activity Drug Testing Program, both the student and the student’s parent or custodial guardian must read, sign and date the Extra-Curricular Student Random Drug Testing Program Withdrawal Form and submit such form to the principal at his/her school.

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Signature of Parent or Custodial Guardian

Date