

**Student Drug Testing Consent Form
(Non-Extracurricular Parent-Directed Participant)**

Statement of Purpose and Intent

It is the responsibility of the District to safeguard the health and safety of the students in its schools. The unlawful use and possession of drugs and alcohol by students is harmful both to the student using the drugs and to their community. Because the District recognizes that illegal drugs and alcohol use presents a continuing challenge to schools, it has enacted a drug testing policy for participants in extracurricular activities, as those students represent the District and are expected to hold themselves as good examples of conduct, sportsmanship and training. However, the District recognizes that, due to the dangers of illegal drugs and alcohol, there are parents in the school community who may wish to have their child participate in the drug testing program regardless of whether their child is participating in extracurricular activities. To further promote the well-being and safety of its student body, the District permits these parents to voluntarily have their child participate in the drug testing program.

Student Section

I understand after having read the policy and this Contract that, out of care for my safety and health, my parents or guardians have elected to have me participate in the district's drug testing program. This program enforces rules applying to the consumption or possession of alcohol and illegal drugs. As a student at Norman Public Schools, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol and illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me.

Student Name: _____ ID No.: _____

Student Signature: _____ Date: _____

Parent (and Adult Students) Section

We have read and understand the policy and this Contract. We desire that the student named above participate in the district's drug testing program, even though the student does not currently participate in extracurricular activities, and we hereby agree to abide by all provisions of the school district's policy. We accept and consent to the method of obtaining saliva samples, testing and analyses of such specimens, and all other aspects of the program. We agree to cooperate in furnishing saliva specimens that may be required from time to time. We further agree and consent to the disclosure of the sampling, testing and results as provided for in this program. This consent is given pursuant to all state and federal privacy statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

Parent Signature: _____ Date: _____

Adult student signature: _____ Date: _____

FOR OFFICE USE ONLY: Confirmation of Receipt of Contract

Coach or Site Activities/Athletics Director: _____ Date: _____