

Elgin School District

AUTHORIZATION TO TEST FOR DRUGS

I understand that my performance in extracurricular activities and the reputation of my school are dependent, in part, by my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Elgin School District Board of Directors.

I also authorize Elgin School District to conduct a test on a urine and/or hair specimen, which I provide to test for controlled substances. I also authorize the release of information concerning the results of such test to the Elgin School District and to my parents/guardians. I understand that once this authorization is signed, I am eligible for drug testing for the remainder of the school year, whether or not I am at that time participating in an extracurricular activity.

This shall be deemed consent pursuant to the Family Education Right to Privacy Act for release of the above information to the parties named above. In the event that I am selected for testing and am taking prescription medication, my parent and I give consent for any medical provider to release information regarding any prescription drugs to the testing laboratory and Elgin School District for the purpose of complying with this policy.

We have received a copy of this release. We have read and understand the District's policy and related procedures for drug testing and consent to such testing.

Student's Name (Please Print):

Student Signature:

Parent/Guardian Signature:
