

**BEAUFORT COUNTY SCHOOLS  
WITHDRAWAL OF DRUG TESTING CONSENT FORM**

*(Sign and return this form only if you wish to opt your 7th-12th grade child out of privileged activities and the drug testing program.)*

I hereby withdraw consent for \_\_\_\_\_ (student) to participate in the Beaufort County Schools random drug testing program. I understand, once this form is submitted, the student will no longer be eligible to participate in interscholastic athletics and all other extra-curricular activities, and will not be eligible for a student parking pass for a period of 365 calendar days from the date on this form. If a student has a parking pass at the time this form is signed, that student's pass and permission to park on school property is immediately revoked.

Dated: \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

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

\_\_\_\_\_  
Name of School Official

\_\_\_\_\_  
Signature of School Official