DRUG TESTING CONSENT FORM

I desire ____________________________, (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County School District which includes: interscholastic athletics, other voluntary extra-curricular activities, and campus parking privileges.

I hereby agree that:

☐ I have read and understand the Beaufort County School District’s administrative regulation governing random student drug testing.

☐ ____________________________, (student) shall be enrolled in the Beaufort County School District random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during his/her enrollment in the Beaufort County School District.

☐ Drug test of student under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.

☐ Drug test results may be released to the student, parent/guardian, the contracted Test Administrator for the Beaufort County School District, Medical Review Officer, Superintendent designee and the student’s School Principal.

Name of Student (PRINT) ____________________________  Name of Parent/Guardian ____________________________

Signature of Student ____________________________  Signature of Parent/Guardian ____________________________

Dated: ____________________________, 20_____