

CONSENT TO PERFORM
RANDOM DRUG SCREENING
WAMEGO USD 320

Agree to Random Drug Screening (Opt-In Form)

AS A STUDENT:

I understand and agree that participation in the following privileges may be withdrawn for any violation of the **Random Drug Screening Policy at USD 320.**

1. Participation in KSHSAA activities
2. Participation in KSHSAA athletics

I understand the consequences that I will face if I am selected for a random drug test and have a positive test result.

I understand that to be eligible for the privileges outlined above, I will be subject to random drug screening, and if I refuse, I will not be allowed to participate in KSHSAA activities/athletics.

I understand this agreement is binding while a student in grades 8 through 12 at USD 320. Parents may choose to rescind their consent at any time by submitting a signed “remove from screening” form to their student’s current school.

Student Name

(please print)

Grade

Date of Birth

Student Signature

Date

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the policy for **Random Drug Screening of USD 320 Students**, and understand the responsibilities of my son/daughter/ward as a participant in extra-curricular activities and athletics. My child will participate in random drug screening, and if he/she refuses, will not be allowed to participate. I have read and AGREE to the terms of the policy. I understand this is a binding agreement while my son/daughter/ward is a student in grades 8 through 12.

Parent/Guardian/Custodian Name

(please print)

Home Phone

Work Phone

Parent/Guardian/Custodian Signature

Date

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WAMEGO USD 320

Decline Random Drug Screening

AS A STUDENT:

I have read the Policy for **Random Drug Screening of USD 320 Students** and have decided to **DECLINE** involvement.

Student Name
(please print)

Grade

Date of Birth

Student Signature

Date

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the Policy for **Random Drug Screening of USD 320 Students** and have decided to **DECLINE** involvement.

Parent/Guardian/Custodian Name
(please print)

Home Phone

Work Phone

Parent/Guardian/Custodian Signature

Date