

STUDENT DRUG TESTING CONSENT FORM

I have read and understand the Lafayette County School Board Policy 5.14 entitled "Student Drug Testing" under chapter 5 of the Lafayette School Board Policy manual. I understand that submission to testing for the presence of drugs is a condition of participation in extracurricular activities in Lafayette County public schools. I further understand if I fail to report for a drug test without a verified excuse acceptable to my school principal or the principal's designee, or if a drug test establishes a positive test result, I will face consequences as set forth in the Student Drug Testing policy established by the School Board.

By signing and dating this form I understand that random drug testing will be conducted quarterly, or as deemed necessary by the school principal throughout the calendar year. I understand that in the event of an initial positive test result, a request that the remainder of the sample be tested will be at the expense of the student and/or his/her parent/guardian/custodian.

I further consent to the confidential release of all information and records, including drug test results that are generated or obtained pursuant to the Policy to the persons so indicated in the Policy, including but not limited to the principal or the principal's designee, and drug counseling program in which I enroll and to my parent/guardian/custodian.

I hereby consent to the administration or drug testing and the conditions listed in this document.

STUDENT NAME: _____ DATE: _____

STUDENT SIGNATURE: _____

Parent/Guardian/Custodian NAME: _____ DATE: _____

Parent/Guardian/Custodian SIGNATURE: _____

Notarization:

State of Florida, County of Lafayette. Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me _____ or who had produced _____ identification.

Signature of Notary Public

Typed, Printed or Stamped Name of Notary