

Student Drug Testing Procedures

Bullitt County Public Schools

Student and Parent/Guardian Consent to Perform Urinalysis for Drug Testing

As the parent or legal guardian of the student signing below, I acknowledge that I have read Policy 09.423 (Use of Alcohol, Drugs, and Other Controlled Substances) and Procedure 09.423 AP.21 (Student Drug Testing Procedures) and have consented to participate in the drug testing program for the entire school year by circling Option 1 for Mandatory Testing or Option 2 for Voluntary Testing. Option 3 indicates that I decline participation at this time for my student. I understand for my student to be eligible for any sport(s) or extracurricular participation, or is a student driver that parks on campus, Option 1 must be selected.

Print Students Name: _____ School: _____

Student's Address: _____ Zip: _____

Date of Birth: _____ Circle Grade: 6 7 8 9 10 11 12 Male Female

Circle the desired OPTION below to acknowledge your agreement to participate in:

OPTION 1 (Mandatory)
*Athletic, and Extracurricular,
and Student Drivers*
Continue below

OPTION 2 (Voluntary)
Sign and return

OPTION 3 (Decline)

Circle any or all Bullitt County School sponsored sport(s) or extracurricular activity my student is involved:

You are not required to list Park and Rec., YMCA, or any other private sport involvement

- | | | | | | | |
|---------------|---------------|------------|-----------|------|----------------|-----------------|
| Academic Team | Archery | Basketball | Baseball | BETA | Bowling | Cheerleading |
| Chess Team | Cross Country | Dance Team | FBLA | FFA | Football | Forensic Debate |
| Golf | NHS | Softball | Soccer | STLP | Student Driver | Swimming |
| Tennis | Track | Volleyball | Wrestling | | | |

Print Student's Name _____ Student's Signature _____

Print Parent/Guardian's Name _____ Parent/Guardian Signature _____

Date _____