



Southwestern Junior-Senior High School

Mr. Curtis Chase
Principal

Mr. Brady Days
Asst. Principal/Athletic Director

SOUTHWESTERN CONSOLIDATED SCHOOL DISTRICT OF SHELBY COUNTY RANDOM DRUG TESTING CONSENT FORM

I have received and have read and understand a copy of the "Southwestern Consolidated School District of Shelby County, Random Drug Testing Program." I desire that _____ Participate in this program, and in the extra-curricular program of Southwestern Consolidated Schools, and hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 7 – 12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20 _____

Grade: _____

Student Signature

Parent Signature

Printed Student name

Printed Parent Name

Vehicle Permit Number _____

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I, _____, have decided *not* to participate in any extra-curricular activities or exercise my privilege to drive to and from school for the remainder of this school year. In order for me to participate in the extracurricular activity program or drive to and from school at a later date, I understand, that I must agree to participate in the schools random drug testing program, and sign a consent form indicating such.

Date: _____, 20 _____

Student Signature

Parent Signature

Printed Student name

Printed Parent Name

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Our mission is to encourage, challenge, explore, and strive for excellence.