

SENECA VALLEY STUDENT ATHLETIC, ACTIVITY AND STUDENT DRIVER PARENT/GUARDIAN/CUSTODIAN DRUG TESTING CONSENT FORM

INFORMED CONSENT AGREEMENT

Student's Name _____ Student's ID # _____ Grade _____
(Please Print)

Sport(s) _____ Student Driver _____

AS A STUDENT:

- I understand and agree that participation in athletics, activities, or in student driving is a privilege that may be withdrawn for violations of this policy.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program, activity, or in student driving, I will be subjected to initial and random urine drug testing, and if I refuse, I will not be allowed to practice or participate in any athletic program, activity, or in student driving.
- I understand this agreement is binding while I'm a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ Student Signature _____ Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in any athletic program, activity, or student driving will be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice or participate in any athletic activities or continue driving and parking on school grounds.
- I understand that upon completion of my son/daughter/ward's activity, I have the option to remove them from the random pool with a signed letter to the building principal, assuming that they do not intend on participating for the rest of the year.
- I understand this agreement is binding while my son/daughter/ward is a student athlete, participant in school activity, or a student driver at Seneca Valley.

_____ Parent/Guardian/Custodian Signature _____ Date _____

_____ Parent/Guardian/Custodian Name _____ Home Phone Number _____ Work Phone Number _____
(Please Print)

For office use only:

Date _____ Check _____
Initials _____ Cash _____