

**Leeds City Schools**

**School-based Student Random Drug and Alcohol Testing Program**

**Pupil Consent to Test Form**

I understand fully that my performance as a pupil and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree and abide by the standards, rules, and regulations set forth by the Leeds City Board of Education and sponsors-coaches for the activity in which I participate.

I authorize the Leeds City Schools to conduct a test on saliva or urine which I provide on-site to test for alcohol and/or drug use if my number is drawn from the random pool. Pursuant to the regulations for the Students Random Drug and Alcohol Testing Policy and Implementing Guidance, I also authorize the release of information concerning the results of such tests to designated personnel.

I understand that this form remains in effect until the submission of an Activity Drop Form or graduation and/or withdrawal from the school district.

\_\_\_\_\_  
Pupil name (print)

\_\_\_\_\_  
Current grade

\_\_\_\_\_  
Pupil ID (leave blank)

\_\_\_\_\_  
Pupil signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent-guardian name (print)

\_\_\_\_\_  
Contact number(s)

\_\_\_\_\_  
Parent-guardian signature

\_\_\_\_\_  
Date

I plan to participate in one or more of the following:

\_\_\_\_\_ Athletic program

\_\_\_\_\_ Competitive extra-curricular clubs-organizations

\_\_\_\_\_ Student driver/authorized to park on the campus of Leeds High School via parking permit