

**PORTER TOWNSHIP SCHOOL CORPORATION
DRUG TESTING CONSENT FORM**

I have received and have read and understand School Board Policy 5530.01. I desire that _____ participate in this program, and in the covered programs of the School Corporation, and hereby, voluntarily agree to be subject to its terms for the entire middle school (grades 6-8) or high school career (grades 9-12), as applicable.

I accept the method of obtaining urine/saliva specimens, testing and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine/saliva 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. The results of the drug testing will be released only to appropriate staff members as designated in the administrative guidelines unless further permission is obtained.

* A \$10.00 drug testing fee must be paid prior to participation in the first official practice by all athletes. When qualifying for free meals and textbook assistance, if a student qualifies for "free meals" the drug testing fee is waived. All others will pay the full \$10.00 fee.

Date _____, 20____

X _____
Student Signature

X _____
Parent/Guardian Signature

I plan to participate in the following covered program(s): (Please check all that apply)

Sports _____ Clubs/ECA _____ Driving _____

I, _____, have decided not to participate in any covered programs sponsored by the School Corporation for the remainder of this school year. In order for me to participate in one (1) or more of the covered programs at a later date, I understand, that I must submit to a saliva/urinalysis.

Student Signature

Date

Parent/Guardian Signature

Date

- 8/14/07
- 6/18/09
- 5/27/11
- 6/19/14
- 5/18/15
- NEOLA 2003