

Union Township School Corporation

Wheeler High School

Union Township Middle School

RANDOM DRUG TESTING CONSENT FORM

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

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. 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.

Date: _____, 20____

Student Signature

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 activities sponsored by the School Corporation for 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 joining the testing pool, and sign a new consent form before participating.

Student Signature

Date

Parent/Guardian Signature

Date

Effective 12/16/2010