

Authorization Form for Random Athletic/Co-Curricular Drug Testing

13/8/21 0:50 PM

I/We, the custodial parent(s) and/or legal guardian of \_\_\_\_\_ authorize the Crockett County School System to conduct random suspicionless drug tests on urine samples provided by my/our son/daughter/ward, \_\_\_\_\_, which he/she will provide to test for drugs as defined in the drug testing policy of the Crockett County Schools. I/We also authorize the release of information concerning the results of such tests to the Crockett County School System. I/We understand my/our son/daughter/ward will be subject to random drug testing throughout each school year until he/she completes his/her athletic career and/or participation in the designated co-curricular area(s), and/or activities including students authorized to drive on campus while enrolled in the Crockett County School System.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian

I, \_\_\_\_\_, authorize the Crockett County School System to conduct tests on urine specimens which I provide to test for drugs and authorize the release of information concerning the results of such tests to the Crockett County School System and to my parent(s) and/or guardian(s). I understand I will be subject to random suspicionless drug testing throughout each school year until I complete my athletic career and/or participation in the designated co-curricular area(s), and/or activities including driving on campus while enrolled in the Crockett County School System.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Student

NOTARY:  
Sworn and subscribed before me this  
the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

OR

SCHOOL OFFICIALS:  
Witness these signatures this  
the \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary

\_\_\_\_\_  
School Official

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
School Official