

# Prague Public School District Student Drug Testing Consent Form

## Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the Prague School District is a privilege. Extracurricular students carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use of possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Prague Public School District. The Prague Public School District has adopted the attached Extracurricular Student Activities Drug Testing Policy and the Student Drug Testing Consent for use by all participating students of grades 6<sup>th</sup> – 12<sup>th</sup>.

## Participation in Extra-Curricular Activities

Each extra-curricular activity student shall be provided with a copy of the Extracurricular Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any extracurricular activities. The consent shall be to provide a urine or swab sample: A) As chosen by random selection basis; B) At any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Drug Testing Consent.

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Student's Last Name	First Name	Middle	Grade
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I understand after having read the "Extracurricular Student Activity Drug Testing Policy" and "Student Drug Testing Consent" that, our of care for my safety and health, the Prague Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Prague extracurricular activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance enhancing drugs any time while I am involved in in-season or off-season activities. I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

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Signature of Student

Date

We have read and understand the Prague Public School District, "Extracurricular Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participates in the extracurricular programs of the Prague Public School District, and we hereby voluntarily agree to the subject to its terms. We accept the method of obtaining urine or swab samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

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Signature of Parent or Custodial Guardian

Date

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Signature of Coach/Sponsor

Date