



STUDENT DRUG TESTING POLICY

PLEASE PRINT STUDENT'S NAME: _____

We, the parents or legal guardians along with the student athlete, acknowledge that we have received a copy of the Union County School District **Drug and Alcohol Testing Policy for MHSAA and extracurricular activities**. We acknowledge that we have had the opportunity to read and understand the policy and agree to comply with the rules and regulations of this program. We hereby consent to pre-season testing/ random testing, throughout the year and to testing for steroid use in the circumstance of reasonable suspicion. We authorize the confidential release of the results of the testing to the Principal, to the parents or guardians and as provided in the policy.

BOTH STUDENT AND PARENT/GUARDIAN ARE REQUIRED TO SIGN BELOW

Parent

Signature: _____

Student

Signature: _____ Grade: _____

Last 4 digits of SSN#: _____

Date: _____