

## Participation & Consent for Testing

### Eligibility in Extra-Curricular Activities & Parking on District Property

I have read the Neosho School District Policy concerning my participation in the extracurricular program. I fully understand that I will be subject to random testing to remain eligible for participation. My signature below authorizes the school district to obtain urine samples or other specified acceptable testing procedures in order to participate in activities.

I fully understand that my refusal to be tested at any time during my eligibility in the activities will automatically be treated as a "positive" test.

I understand that I must provide a sealed envelope prior to testing that would disclose any over the counter medications and/or prescription drugs that I am taking. The certified laboratory personnel or the medical review officer so designated will open the envelope.

I understand that if a positive test results, the student, parent, or legal guardian, administrator in charge, and the coach/activity sponsor will be the only individuals made aware of my ineligibility. The coach/activity sponsor will only be told the date of ineligibility.

\_\_\_\_\_ Yes, I agree to participate in the Neosho School District Drug Testing program. I, along with my parent/legal guardian, have read and understand the guidelines set forth in the Neosho School District Drug Testing program.

\_\_\_\_\_ No, I do not agree to have my child's name placed in the Neosho School District Drug Testing program. I further understand that by making this decision I relinquish my child's opportunity to participate in the school district's extracurricular programs.

\_\_\_\_\_  
Student's Name Printed

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

This consent form will remain in effect for the duration of the student's enrollment with Neosho School District, unless revoked in writing by the parent/guardian.

