

**Forsyth Public Schools  
Student Drug Testing Consent Form**

Participation in school sponsored co- and extra-curricular activities at Forsyth Public Schools is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their families, their school and their community to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Chemical use of any kind is incompatible with participation in co- and extra-curricular activities at Forsyth Public Schools.

Forsyth Public Schools has adopted the attached Activity Student Drug Testing Policy 3074 and this Student Drug Testing Consent for use by all Activity Students as defined in the Policy. This policy explains in more detail the purpose of drug testing and its implementation. This policy also defines “chemical use” and “illegal drugs”.

**CONSENT BEFORE PARTICIPATION:** Each Activity Student shall be provided with a copy of the Activity Student Drug Resting Policy and this Student Drug Testing Consent, which shall be read, signed and dated by the Activity Student, parent or custodial guardian and coach/sponsor, and returned to the school administration *before* such student shall be eligible to practice or participate in any activities. The Activity Student (and parent/guardian if student is under 18) shall sign this Consent *before* beginning practice or participation in any activities. The consent allows Forsyth Public Schools to obtain a urine sample from each Activity Student: a) if chosen by the random selection basis; and b) at any time based on a reasonable suspicion to be tested for illegal drugs.

\_\_\_\_\_  
Student’s Last Name (please print)      First Name      MI

I have been given, read and understood the “Activity Student Drug Testing Policy” and this “Student Drug Testing Consent”. I understand the Forsyth Public Schools enforces the rules applying to the use or possession of illegal drugs as defined in this policy. As a member of a co- and extra-curricular activity, I realize the personal decisions I make daily in regard to the use or possession of illegal drugs may affect my health and well-being, may endanger those around me and may reflect negatively upon myself, my family, my activity, my school and my community. If I choose to violate school policy regarding the use or possession of illegal drugs, I understand I will be subject to discipline and restrictions on my participation as outlined in the Policy. I consent to submit to drug testing in accordance with the Student Activity Drug Testing Policy.

\_\_\_\_\_  
Signature of Student      Date

We have read and understood the “Activity Student Drug Testing Policy” and this “Student Drug Testing Consent”. We desire the student named above participate in the co- and extra-curricular activities of Forsyth Public Schools. We consent to the implementation and enforcement of the policy, and we agree the student named above will be subject to the policy and will be required to undergo drug testing in order to participate in school activities. We give our consent to drug testing of this student in accordance with the policy and the procedures implementing this policy. We understand the discipline and restrictions on participation that can be enforced against the student for violations as explained in the policy.

\_\_\_\_\_  
Signature of Parent or Guardian      Date

\_\_\_\_\_  
Signature of Coach/Sponsor      Date