



Haywood County Schools  
1230 North Main Street  
Waynesville, North Carolina 28786  
828/456-2400  
Fax 828/452-6907

## STUDENT DRUG TESTING CONSENT FORM

I desire that \_\_\_\_\_ (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Haywood County Schools: interscholastic athletics, other voluntary competitive extracurricular activities, and campus parking privileges. I hereby agree that:

• I have received a copy of the Haywood County Board of Education's random drug testing policy. I have read and understand the policy.

• \_\_\_\_\_ (student) shall be enrolled in the Haywood County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing policy at any time during his/her enrollment in Haywood County Schools.

• Drug tests of students under the random drug testing policy are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the student being ineligible to participate in any of the above activities.

• Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Haywood County Schools, the Medical Review Officer, the Superintendent's designee and the student's school Principal.

Dated: \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name of Parent/Guardian

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

\_\_\_\_\_  
Signature of Parent/Guardian