

Arapaho-Butler Public School
District Drug Testing Consent Form

Statement of Purpose and Intent 

Participation in school sponsored extracurricular activities at the Arapaho-Butler School District is a privilege. Activity 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 or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Arapaho-Butler Public School District. Furthermore, the district wishes to make available to students who do not participate in extracurricular activities equal opportunities for testing. For the safety, health, and well-being of the students of the district, the Arapaho-Butler Public School District has adopted the attached Student Drug testing Policy and the Student Drug Testing Consent for use by all participating students in grades 7-12.

Students Participating in Extracurricular Activities

Each Activity Student shall be provided with a copy of the 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 interscholastic activities. The consent shall be to provide a sample: a) as part of their annual physical or for the eligibility for participation: b) as chosen by the random selection basis: c) at any time requested based upon reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name	First Name	M.I.
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I understand after having read the "Student Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Arapaho-Butler School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. I realize that the personal decision 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, of 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.

Signature of Student	Date
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We have read and understood the Arapaho-Butler School District Student Drug Testing Policy and Student Drug Testing Consent. We desire that the student named above participate in the extracurricular interscholastic programs of the Arapaho-butler School District (or voluntarily submit to testing if not participating in these programs) and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining 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.

YES, WE AGREE TO THE TERMS OF THIS POLICY

NO, WE DO NOT WANT OUR SON/DAUGHTER TESTED ACCORDING TO THE TERMS OF THIS POLICY.

Signature of Parent or Custodial Gaurdian	Date
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Signature of Coach or Sponsor	Activity
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