

**2016-17 School District 308**

**Random Drug Testing Informed Consent Agreement**

Student Name (please print)

\_\_\_\_\_ Grade \_\_\_\_\_

**AS A STUDENT:**

I have read and understand the District 308 Random Drug Testing Policy and its implementing procedures.

I understand and agree that participation in extracurricular activities is a privilege that may be withdrawn for violations of this drug testing policy.

I understand that when I participate in any extracurricular program or activity, I will be subjected to random urine drug testing and if I refuse, I will not be allowed to practice or participate in extracurricular athletics or activities. I have read the **Consent and Release for Drug Testing** form and agree to its terms.

*I understand this consent is revocable, and that upon its revocation I will be excluded from participation in extracurricular athletics and activities while I am a student at Oswego or Oswego East High School.*

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

**AS A PARENT/GUARDIAN/CUSTODIAN:**

I have read and understand the District 308 Random Drug Testing Policy and its implementing procedures.

I understand that my son/daughter/ward who wishes to participate in any extracurricular program or activity, will be subjected to random urine drug testing and if he/she refuses, he/she will not be allowed to practice or participate in extracurricular athletics or activities; and that if the refusal happens out-of-season, his/her next season will be affected by the terms of this policy. I have read the **Consent and Release for Drug Testing** form and agree to its terms.

I understand this consent is revocable, and that upon its revocation my son/daughter/ward will be excluded from participation in extracurricular athletics and activities while he/she is a student at Oswego or Oswego East High School.

Parent/Guardian Signature

Date

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