Consent to Random Drug Testing   **Form 1**

I am a student at Alcoa High School and I have received a copy of Alcoa City Schools Random Drug Testing Program. I understand that by signing this form:

- ❖ I agree to participate in the Random Drug Testing Program.
- ❖ I agree that participation in TSSAA-sanctioned athletics, and parking on campus are privileges that may be withdrawn if I do not adhere to the requirements of the Program.
- ❖ I agree to provide a saliva sample for drug testing when requested to do so in accordance with the Program.
- ❖ I agree to abide by any sanctions imposed upon me as a result of my participation in the Program.
- ❖ I authorize the notification of my parent or guardian of any positive drug test results. I further authorize the confidential release of this information to other individuals, including Alcoa City School officials, as provided in the statement of the Program.

Student Name_____Birth Date ___/___/___ Grade _____

Student Signature _____   Date _____

Indicate which designated activity you will participate in: Driving _____

Sport(s): _____

I am the parent/guardian of a student at Alcoa High School and I have received a copy of Alcoa City Schools Random Drug Testing Program. I understand that by signing this form:

- ❖ I agree to allow my student to participate in the Random Drug Testing Program.
- ❖ I agree that participation in TSSAA-sanctioned athletics, and parking on campus are privileges that may be withdrawn if my student does not adhere to the requirements of the Program.
- ❖ I agree that my student may provide a saliva sample for drug testing when requested to do so in accordance with the Program.
- ❖ I agree to abide by any sanctions imposed upon my student as a result of his/her participation in the Program.

I understand that this Consent is binding as long as my student attends the Alcoa City Schools or until this Consent is revoked by me in writing and delivered to the Director of Schools.

Parent/Guardian Name_____

Student Grade _____

Signature _____Date _____

Primary Phone _____Additional Phone _____