Lincoln County School District #2 Grades 7-12

ACTIVITY PARTICIPATION DRUG TESTING INFORMED CONSENT AGREEMENT

Student Name	Grade
Lincoln County School District #2 values students' participate extracurricular activities is a privilege. Activity participants ac #2, its communities, and its ideals. LCSD#2 supports a drug participate in extracurricular activities. Its purpose is threefol 1. To provide for the health and safety of all participant 2. To work as a tool of prevention and undermine the reason for participants to refuse the use of drugs. 3. To encourage students who use drugs to participate	et as representatives of Lincoln County School District -testing program for students in grades 7-12 who d: ts. effects of peer pressure by providing a legitimate
As a student and parent/guardian:	
 may be withdrawn for violations of the Drug Testing We have read the Drug Testing Policy and thorough as an activity participant in Lincoln County School D We understand that all activity participants may be to the We understand when students participate in any board-approved required to participate in random urine, saliva or hain not be allowed to participate in any board-approved return to activity. If there is reasonable suspicion that an individual participate. If it is determined a drug or alcohol test should be supported and the program of the	and consequences istrict #2. ested with the beginning of any activity season. ard-approved interscholastic program they will be refollicle drug testing. If the student refuses, they will interscholastic program until requirements are met to reticipant is using a controlled substance or alcohol the retic
I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Lincoln County School District #2 policy JFCI- Drug Testing for Student Participants in School-Sponsored Activities. I agree to accept and abide by the policies, standards, rules and regulations set forth by Lincoln County School District #2 for the activity in which I participate.	
By signing this agreement, we agree to be bound by all provisions in this policy.	
Student Signature	Date

Date

Nothing in this policy precludes a parent from having their child tested at any time.

Parent/Guardian Signature