

RISING SUN-OHIO COUNTY COMMUNITY SCHOOL CORPORATION

EXTRACURRICULAR CONSENT FORM

I have received and have read and understand a copy of the "Rising Sun-Ohio County Community School Corporation Extracurricular Activities Drug Testing Program". I desire that \_\_\_\_\_(print name clearly),

Participate in this program, and in the extracurricular program of Rising Sun-Ohio County Community School Corporation, and hereby, voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results provided for this program. This consent is given pursuant to all State and Federal Privacy Status, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: \_\_\_\_\_, 20\_\_\_\_\_

**CONSENT**

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

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

**\*\*\*\*\*NON-CONSENT\*\*\*\*\***

I, \_\_\_\_\_(print clearly), have decided not to participate in any extracurricular activities sponsored by Rising Sun-Ohio County Community School Corporation for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to a urinalysis *at my own expense.*

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_