

DRUG TESTING POLICY GENERAL AUTHORIZATION AND CONSENT FORM

I understand that my performance in Idaho High School Activities Association (IHSAA) sponsored events and other extracurricular events, and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards and regulations set forth by _____ School District Board and the sponsors for the activity in which I participate.

I also authorize _____ School District to conduct a test, for drugs and/or alcohol use. I also authorize the release of information concerning the result of such a test to the _____ School District and to the parent/legal guardians of the student.

Pursuant to the Family Education Right of Privacy Act 34, C.F.R. Part 99, this form will be deemed a consent for the release of the above information to the parties named above.

Student Signature

Date

Parent/Guardian Signature

Date