

St. Clair County Schools System
School-Based Student Random Drug and Alcohol Testing Program:
Pupil Consent to Test Form

I understand fully that my performance as a pupil 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, rules and regulations set forth by the St. Clair County Board of Education and the sponsors for the activity in which I participate.

I authorize the St. Clair County School District to conduct a test on saliva which I provide on-site to test for alcohol and/or drug use if my number is drawn from the random pool. Pursuant to the Regulations for the Student Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such tests to designated district personnel.

I understand that this form remains in effect until the submission of an Activity Drop Form or graduation and/or withdrawal from the school district.

<hr/> Pupil Name <i>(print)</i>	<hr/> Current Grade	<hr/> Pupil ID # <i>(leave blank)</i>
<hr/> Pupil Signature		<hr/> Date
<hr/> Parent/Guardian Name <i>(print)</i>		<hr/> Work Phone
<hr/> Parent/Guardian Signature		<hr/> Date
<hr/> Home Phone		<hr/> Cell Phone

I plan to participate in one or more of the following:

- Athletic Program
- Competitive, Extra-curricular Activity or School Club With Competitive Components
- I am volunteering to be placed in the testing pool.