

**BETHEL PUBLIC SCHOOLS:
SCHOOL BOARD POLICY**

**Bethel Public Schools
Student Drug Testing Consent:
Activity Students**

Student's Last Name _____ First Name _____ MI _____

I understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health, the Bethel Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Bethel extra-curricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in this Policy.

Signature of Student

Date

We have read and understood the Bethel Public School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participate in the extra-curricular interscholastic programs of the Bethel Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Signature of Parent or Custodial Guardian

Date

Signature of Coach/Sponsor

Date

Adoption Date:

Revision Date(s):

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