Canton School District
School-Based Student Random Drug and Alcohol Testing Program:
Pupil Consent to Test Form

I understand fully that my performance as a student 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 Canton School Board of Education and the sponsors for the activity in which I participate.

I have reviewed the Question and Answer Document, understand the student drug testing procedures and agree to participate in the Canton School-Based Student Random Drug Testing Program. I also authorize the release of information concerning the results of such tests to the Project Director.

_____ _____ _____
Student Name (print) Current Grade (leave blank)

_____ _____
Student Signature Date

We hereby agree to the terms of this program. We accept the method of obtaining urine samples, testing and analysis of such samples, and all other aspects of the program.

_____ _____
Parent/Guardian Name (Print) Phone

_____ _____
Parent/Guardian Signature Date

I plan to participate in one or more of the following:
_____ Athletic Program
_____ Competitive, Co-curricular Activity or School Club with Competitive Components
_____ I am volunteering to be placed in the testing pool