

**TWIN FALLS SCHOOL DISTRICT #411
STUDENT-PARENT/GUARDIAN
DRUG TESTING CONSENT FORM**

We the undersigned Student and Parent/Guardian understand that a Student's performance as a participant and the reputation of the Student's school are dependent, in part, on the Student's conduct as an individual. We, the Student and Parent, hereby agree to accept and abide by the standards, rules, and regulations set forth by the Twin Falls School District Board of Trustees and the sponsors of the activity in which the student participates.

We also authorize Twin Falls School District to conduct random drug testing, which may include analyses of this student's urine specimens or use of a Breathalyzer, to test for illegal drug and alcohol use. We also unconditionally authorize the release of information concerning the results of such a test to the Twin Falls School District.

This consent form shall be deemed consent for the purposes of the Family Education Right to Privacy Act. Failure by either the parent or student give consent by signing this form shall preclude the student's participation in extracurricular activities in the Twin Falls School District.

2016-17 Grade _____ Date _____

"Student" _____
(Please print name)

Student Signature _____

"Parent/Guardian" _____
(Please print name)

Parent/Guardian Signature _____

OR

- I do not want my child to be included in the Random Drug Testing Program. I understand by doing so, my child will NOT be able to participate in extracurricular activities in the Twin Falls School District.

Parent Signature _____