

Sheridan Community School
Drug Testing Consent Form

As a participant of athletics in Sheridan Community Schools, I voluntarily agree to submit to random urine drug screens. These screens are conducted by Midwest Toxicology Services in accordance with the Student Drug Testing Policy, a copy of which is available upon request. I understand I will be assigned a number at the beginning of the school year and that number will be entered into a pool of athletes. Numbers will be chosen randomly by Witham Memorial Hospital, the drug testing facility used by Sheridan Schools.

I understand if I do not agree to the above I will not be participating in any athletic extracurricular activity at Sheridan Community Schools.

Results will be sent to the Athletic Director and HS/MS nurse, who will in turn, notify parents of all negative results. Positive results will be turned over to the Athletic Director, who will contact the athlete and his/her parents. Further action taken by the athletic department will take place at that time.

I have read and agree to the above:

Student (Print)

Student (Sign)

Date

Parent (Print)

Parent (Sign)

Date