



**TWIN FALLS SCHOOL DISTRICT  
RANDOM STUDENT ATHLETE DRUG TESTING  
CONSENT FORM**

**The Twin Falls School District uses random student drug testing to help prevent, detect, and treat substance abuse by students. I understand that consent to random student drug testing is a condition for participation in sports, dance, or cheer. I hereby agree to be subject to the terms of the District's Random Student Athlete Drug Testing policy (TFSD Policy No. 3400).**

**I accept the methods outlined in the policy for random selection, collection and analyzation of urine specimens, and report of results. Inherent to the random selection process, I may be tested several times during a season or not at all. If randomly selected, I agree to provide a urine specimen according to the collection procedures outlined in the policy. I understand that as part of the analyzation of non-negative results the parent/legal guardian may be contacted by a Medical Review Officer (MRO) to discuss the student athlete's medication use.**

**I authorize the release of information concerning the results of any random student drug test to the Twin Falls School District. This consent is given pursuant to all state and federal statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the policy.**

**This consent form will be valid for the current academic year.**

\_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_  
Student Athlete (Please Print)

\_\_\_\_\_  
Student Athlete Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature