FILE: JFCI-AF
Critical

BOONVILLE R-I SCHOOL DISTRICT
STUDENT DRUG TESTING
(Consent Form)

I, _____, [student's name] have received, read, understand and agree to abide by the Boonville R-I School District's drug testing policy and procedures. As a condition of participating in activities in the Boonville R-I School District, I agree to provide urine specimens when directed and authorize the district to have the specimens tested for drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Boonville R-I School District and to my parents/guardians.

_____ _____
Student Signature Date

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the Boonville R-I School District's drug testing policy and procedures. As a condition of my student's participation in activities in the Boonville R-I School District, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for illegal drugs, synthetic drugs, prescription drugs without a valid prescription, and alcohol. I also authorize the release of information concerning the results of such a test to the Boonville R-I School District.

_____ _____
Signature of Parent/Guardian Date

This consent form will remain in effect for the duration of the student's enrollment within the Boonville R-I School District, unless revoked in writing by the parent/guardian.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Adopted: February 20, 2013

Boonville R-I School District, Boonville, MO

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