

**MILAN C-2 SCHOOL DISTRICT**  
**DRUG TESTING CONSENT FORM 2015-16**

I have read and completely understand the district's policy and procedures regarding the Milan C-2 School District's student drug testing program.

I hereby give consent for my student to participate in the drug testing program in the Milan C-2 School District. I understand that my student will be placed in the pool for random drug testing and that the Milan C-2 School District will pay for all random drug tests if my student is selected.

I understand that students who wish to drop out of the drug pool must first have their parent/guardian come to the school and meet with the Athletic Director, Principal, or Superintendent. The student and parent/guardian must sign a release form stating that they no longer wish to participate in the random drug testing pool. If the student is 18 years of age and living on his/her own, he/she still needs to come in and meet with the Athletic Director, Principal, or Superintendent to drop out of the testing pool. Once a student enters the pool, he/she must remain in the pool for the remainder of that school year to be eligible to participate in co-curricular and/or extra-curricular activities.

Student Name (please print) \_\_\_\_\_

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

Parent/Guardian Name (please print) \_\_\_\_\_

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

Today's Date \_\_\_\_\_

Forms must be completed before a student can participate in any co-curricular, extra-curricular activity. This consent form is good for one school year and must be renewed annually. Only one form needs to be filled out per school year. Please indicate below all sports/activities that you will participate in this year. This includes clubs and organizations as well.

_____	_____
_____	_____
_____	_____
_____	_____