

Purcell Public Schools District
Activity Student Drug Testing Consent

Statement of Purpose and Intent

Participation in school sponsored interscholastic activities at the Purcell School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf on the Purcell Public School District. For the safety, health, and well being of the activity students of the Purcell Public School District, the Purcell Public School District has adopted the attached Activity Student Drug Testing Policy and the Activity Student Drug Testing Consent for use by all participating activity students' grades 7-12.

Participation in Extra-Curricular Activities

Each activity student shall be provided with a copy of the Activity Student Drug Testing Policy and Activity Student Drug Testing Consent during their seventh grade year or for new students, upon enrollment in the 8-12 grades. The consent form must be read, signed and dated by the activity student, parent or custodial guardian and coach/sponsor before such activity student shall be eligible to practice of participate in any extra-curricular activity. The consent shall be to provide a urine sample: a) in grades 7-12 as chosen by the random selection basis; and b) in grades 7-12 at anytime requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any extra-curricular activity unless the student has returned the proper signed Activity Student Drug Testing Consent.

Student's Last Name	First Name	MI
Grade	M / F	Gender

I understand after having read the "Activity Student Drug Testing Policy" and "Activity Student Drug Testing Consent" that, out of care for my safety and health, the Purcell Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Purcell extra-curricular interscholastic team, I realize that the personal decision that I make daily in regard to the consumption of possession of illegal or performance-enhancing drugs may affect my health and well being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance enhancing drugs any time while I am involved in any extra-curricular activity, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

Signature of Student	Date
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We have read and understand the Purcell Public School District "Activity Student Drug Testing Policy" and "Activity Student Drug Testing Consent". We desire that the student named above participate in any extra-curricular interscholastic programs of the Purcell Public School District, and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree/consent and give permission to the "testing laboratory" to release results/information obtained from the sampling, testing and results to designated school personnel and parents/guardians as provided in this program. This consent will be valid while my child is enrolled in the Purcell Public School System or until I submit a written request to have my child removed from the testing process.

Signature of Parent or Custodial Guardian	Date
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Signature of Coach/Sponsor	Team
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Medication List

I, _____, am currently taking or have taken the following drugs, substances, or medications in the last thirty (30) days: (Medications must be legally prescribed for the activity student.)

Additional Information: _____
