

# Santa Fe Trail USD #434

## Random Drug Testing Consent Form

### 2023-2024 School Year



**STUDENT NAME:**  
**DATE OF BIRTH:**  
**SPORT/ACTIVITY:**

I, \_\_\_\_\_, (Student name) have read, understood and agree to abide by the Santa Fe Trail School District's drug testing policy and procedure. As a condition of participating in KSHASS sponsored activities, school clubs and organizations, extra-curricular activities and to park in the school parking lot at the high school, I agree to provide a urine sample when directed and authorize the district to have the specimen tested for illegal drugs. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program to Santa Fe Trail School District and to my parents/guardians. I understand upon determination of a violation of the policy that I will be subject to the restrictions as outlined in the policy. I understand that refusal to submit to testing will affect my initial or continued participation in activities and/or on parking in the school parking lot. I also understand that I am giving consent to be randomly drug tested for the entire school year and I may be randomly selected more than once time during the school year.

**Signature of Student**

**Date:**

I, \_\_\_\_\_, (Student name) have read, understood and agree to abide by the Santa Fe Trail School District's drug testing policy and procedures. As a condition of my student participating in KSHSAA sponsored activities, school clubs and organizations, extra-curricular activities and to park in the school parking lot at the high school, I authorize the school district to collect a urine sample from my student and authorize the district to have the specimens tested for illegal drugs. I further agree to consent to the disclosure of the sampling, testing and results as provided in this program to Santa Fe Trail School District. I understand upon determination of a violation of the policy that my student will be subject to the restrictions as outlined in the policy. I understand that refusal to submit to testing will affect my student's initial or continued participation in activities and/or on parking in the school parking lot. I also understand that I a giving consent for my student to be randomly drug tested for the entire school y ear and that my student may be randomly selected more than one time during the school year.

**Parent/Guardian Printed Name**

**Date:**

Patent/Guardian Signature