

SANTA FE TRAIL SCHOOL DISTRICT USD 434
Random Drug Testing Consent Form
2020-2021 School Year



I, _____ (Student's 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 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 agree to provide a urine sample when directed and authorize the district to have the specimens 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 one time during the school year.

Signature of Student

Date

I, _____ (Name of Parent/Guardian) 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 and 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 am giving consent for my student to be randomly drug tested for the entire school year and that my student may be randomly selected more than one time during the school year.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature