

## Battle Mountain High School

### STUDENT RANDOM DRUG CONSENT TO TEST FORM

I understand fully that my performance as a participant in extra-curricular activities and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby consent to, accept and agree to abide by the standards, rules and regulations set by the BMHS, the ECS Board of Education and the sponsors for the activity in which I participate. These standards, rules and regulations include, but are not limited to, the BMHS Student Random Drug Policy.

Pursuant to the Student Random Drug Policy, I hereby consent to and authorize BMHS to collect my urine on-site and to conduct tests for drug use on my urine specimen(s) if my name is drawn from the random pool. Pursuant to the Student Random Drug Policy, I hereby authorize the release of information concerning the results of such testing to designated District personnel.

I fully understand that I may be randomly tested for drugs as long as I continue to participate in extra-curricular activities.

I am aware of and acknowledge that if I test positive for illegal drugs, I will not be permitted to participate in extra-curricular activities under the conditions and period of time defined by policy.

\_\_\_\_\_  
Student Name (Please Print)

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

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name  
(Please Print)

\_\_\_\_\_  
Parent/Guardian Name  
(Please Print)

\_\_\_\_\_  
Date

- I plan to participate in the following **sport**:  
\_\_\_\_\_
- I plan to participate in the following **student activity**:  
\_\_\_\_\_
- I am **volunteering** to be placed in the drug testing pool.

