

Fairfield Public Schools
Student Drug Testing Consent Form

Participation in school sponsored extracurricular activities at Fairfield Public Schools is a privilege. Activity Students carry a responsibility to themselves, their fellow students, their families, their school, and their community to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Chemical use of any kind is incompatible with participation in extracurricular activities at Fairfield Public Schools.

Fairfield Public Schools has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all Activity Students at the high school level. This policy explains in more detail the purpose of drug testing and its implementation. The policy also defines "chemical use" and "illegal drugs."

CONSENT BEFORE PARTICIPATION:

Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and this Student Drug Testing Consent, which shall be read, signed and dated by the Activity Student and parent or custodial guardian (if the Activity Student is under age 18) and returned to the school administration before such student shall be eligible to practice or participate in any activities. The consent allows Fairfield Public Schools to obtain a urine sample from each Activity Student: a) if chosen by the random selection basis; and b) at any time based on a reasonable suspicion to be tested for illegal drugs.

Student's Last Name: _____ First Name: _____ Date: _____

(Please Print)

I have been given, read, and understood the "Student Activity Drug Testing Policy" and this "Student Drug Testing Consent." I understand that Fairfield Public Schools enforces the rules applying to the use or possession of illegal drugs as defined in the policy. As a member of an extra-curricular activity, I realize that the personal decisions that I make daily in regard to the use or possession of illegal drugs may affect my health and well being, may endanger those around me, and may reflect negatively upon myself, my family, my activity, my school, and my community. If I choose to violate school policy regarding the use or possession of illegal drugs, I understand I will be subject to discipline and restrictions on my participation as outlined in the Policy. I consent to submit to drug testing in accordance with the Student Activity Drug Testing Policy.

Signature of Student: _____ Date: _____

We have read and understand the "Activity Student Drug Testing Policy" and this "Student Drug Testing Consent." We desire that the student named above participate in the extra-curricular activities of Fairfield Public Schools. We consent to the implementation and enforcement of the policy, and we agree that the student named above will be subject to the policy. We give our consent to drug testing of this student in accordance with the policy and the procedures implementing the policy. We understand the discipline and restrictions on participation that can be enforced against the student for violations as explained in the policy.

Signature of Parent/Guardian: _____ Date: _____