

Big Horn County School District #2 Grades 6-12
ACTIVITY PARTICIPATION DRUG TESTING
INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____

As a student and parent/guardian:

- We understand and agree that participation in board-approved interscholastic programs is a privilege that may be withdrawn for violations of the drug testing policy.
- We have read the drug testing policy and thoroughly understand the responsibilities and consequences as an activity participant in Big Horn County School Districts #2 Schools.
- We understand and realize that there is risk of injury in participating in interscholastic programs.
- We understand that all activity participants may be tested at the beginning of any activity season.
- We understand when students participate in any board-approved interscholastic program; they will be subjected to random urine, saliva or hair follicle drug testing, and if they refuse, will not be allowed to participate in any board-approved interscholastic programs until requirements are met to return to activity. We have read the consent statement and agree to its terms.
- We understand that if a person who has reasonable suspicion that an individual participant is using a controlled substance or alcohol, the coach/person supervising a board-approved interscholastic program must report the information to the district activities director or building principal, or designee. If the activities director, building principal or designee determines a drug or alcohol test should be administered, parents will be contacted prior to the actual testing. If the drug or alcohol test is refused, it will be treated under the policy, the same as a positive test.
- We understand this is binding while a student is enrolled in Big Horn County School District #2.
- We understand our son/daughter will be instructed by the collector to complete the donor portion of the CCF and that he/she will be asked to print his/her name, enter his/her phone number and/or contact information, date the CCF, and sign a donor certification statement.

By signing this agreement, we agree to be bound by all provisions in this policy.

Student Signature	Date	Parent/Guardian Signature	Date
-------------------	------	---------------------------	------

Nothing in this policy precludes a parent from having their child tested at any time.