

MONETT R--I SCHOOLS
DRUG TESTING POLICY
CONSENT FORM

Participant Name (Print): _____

I, the undersigned participant in the extracurricular and/or co--curricular activities program in the Monett R--I School District, Monett, Missouri, am willing and consent to take a drug--screening test for illegal substances in accordance with District policies and procedures. I understand that my failure to consent to such a screening will cause me to be ineligible to participate in any activities. I also understand that the results of such tests will be considered toward determining my continued eligibility for participation in activities.

__ (YES) I consent to **ALLOW** a specimen of my urine to be collected by the drug testing collection agency designated by the Monett R--I School District and to have a drug testing collection agency and/or testing laboratory designated by the District perform a substance abuse analysis on the specimen. I also consent to the release of the results of the analysis by the drug testing collection agency and/or testing laboratory to the authorized district personnel via electronic or other means, i.e. telephone, facsimile, computer, etc.

__ (NO) I, the undersigned, am **NOT willing to consent** to take a drug screening test for illegal substances to be eligible to participate in any activities in accordance with Monett R--I School District policies and procedures. I understand that my failure to consent to such a screening will cause my student to be ineligible to participate in both extra-curricular and co-curricular activities. *This includes, but is not limited to, clubs, field trips etc.*

Signature of the Student Participant: _____

Date: _____

Signature of the Parent/Guardian: _____

Date: _____

I plan to participate in MSHSAA sponsored athletics ____ YES ____ NO

As a part of establishing eligibility for activities in the Monett R--I School District, participants must complete and submit this form to the principal's office by **September 4th before 3:10 pm** or prior to the start of the fall sports season in which that student participates.

***REMOVE THIS FORM, SIGN, AND TURN BACK TO THE FALL SPORT COACH OR SPONSOR. OTHER STUDENTS TURN INTO THE FRONT OFFICE!**