

Student Athlete Random Drug Testing

**Informed Consent Agreement
Sitka School District**

I have read the attached Board Policy and Administrative Regulation 5131.61 on random drug testing for athletes.

I understand that my performance as a participant and the reputation of my school are dependent in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Sitka School District for the sport in which I participate.

I authorize Sitka School District to conduct a test on a urine specimen which I provide to test for drugs. I also authorize the release of information concerning the results of such a test to the individuals identified in the Sitka School District regulation on random drug testing, AR 5131.61.

This agreement shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Please note that beginning in the 2004-2005 school year, all specimens will be sent to a lab for analysis.

Student Signature

Date

Print Student's Name

I understand that submission to random drug testing is a condition of my child's participation in high school interscholastic athletics. I hereby consent to the testing of my child's urine for drugs and to the release of information concerning the testing a provided above.

Parent or Guardian Signature

Date

Print Parent's Name

**SITKA SCHOOL DISTRICT
Implementation Date: July 24, 2000
Revision Date: November 17, 2000
Revision Date: October 3, 2001**

