

**Greenfield-Central Community School Corporation
2013-2014 Extra Curricular Consent Form**

I have received a copy of the "Greenfield-Central Community School Corporation Random Student Drug and Alcohol Testing Policy." I have read this policy and understand that the policy requires random drug testing to participate in extracurricular activities or obtain a student parking permit for the Greenfield-Central Community School Corporation. Therefore, I,

_____, _____,
(Printed Student Name) (Age)

desire to participate in this program. I voluntarily agree to be subject to the policy's terms and conditions for the entire 2013-2014 school year. I accept the selected method of obtaining urine specimens, testing and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results of any sample obtained from my person. I agree that if the above named person refuses to be tested or if either of the persons signing this consent form withdraws their consent, then both the student and parent or guardian (if the student is under the age of 18) shall be notified. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records only to the extent of the disclosure is authorized or required by the Policy.

Date: _____, 20____

CONSENT

Student Signature

Parent/Guardian Signature

Grade in 2013-2014

Gender