



## Student Drug Testing Consent Form

This is to certify that \_\_\_\_\_ agrees to participate  
(Print Student's Full Name)

in the Student Drug Testing Program as outlined in the Effingham County Board of Education Student Drug Testing Policy. (issued 6/06)

My child and I have received the 2011-2012 Student / Parent Handbook and have read and understand this policy. We understand that any high school student interested in taking part in a school-sponsored extracurricular activity within the Effingham County School System must agree to participate in a drug-testing program that includes random drug testing during the school year.

We are also aware that we can review the entire Student Drug Testing Policy at any time online at [www.effinghamschools.com](http://www.effinghamschools.com).

We understand that students will not be allowed to participate in school-sponsored extracurricular activities, including parking a vehicle on school property, if this consent form is not signed and returned to the school to be kept on file during the current school year. (Consent forms must be renewed annually.)

We also understand and agree that students who are 18 years old or will turn 18 years old during the school year hereby give permission to release all test results to his or her parent or legal guardian.

\_\_\_\_\_  
(Parent's/Guardian's Signature)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
2011/2012  
(Date)

**Return your signed consent form to the school office.**