

NORTH HUNTERDON-VOORHEES REGIONAL HIGH SCHOOL DISTRICT

STUDENT RANDOM ALCOHOL AND DRUG CONSENT TO TEST FORM

2011-2012

I understand fully 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 North Hunterdon-Voorhees Regional High School District Board of Education and the sponsors for the activity in which I participate.

I authorize the North Hunterdon-Voorhees Regional High School District to conduct a test on saliva, urine and/or breathe which I provide on-site to test for alcohol and/or drug use if my name is drawn from the random pool. Pursuant to the Regulation for Policy #5531, I also authorize the release of information concerning the results of such tests to the Superintendent or administrative designee.

I understand that I may also be randomly drug tested throughout the remainder of the school year.

(Student Name – Please Print)

(Student ID Number)

(Student Signature)

(Date)

(Parent/Guardian Signature) (Parent/Guardian Name – Print) (Date)

(Parent/Guardian Home Phone) (Parent/Guardian Work Phone) (Parent/Guardian Cell)

I plan to participate in one of the following:

_____ **Athletic Program**
_____ Name of Sport

_____ **Extra-curricular Activity**
_____ Name of Activity

_____ **On-Campus Parking**

_____ **I am volunteering to be placed in the testing pool.**

Please return form to the Voorhees Guidance Department