NORTH HUNTERDON-VOORHEES
REGIONAL HIGH SCHOOL DISTRICT

STUDENT RANDOM ALCOHOL AND DRUG CONSENT TO TEST FORM

I understand fully that my involvement 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 breath 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 Regulations 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 Phone)

☐ I plan to participate in the one of the following:

Athletic Program _____

Extra-curricular Activity _____

On-campus Parking _____

☐ I am volunteering to be placed in the testing pool.