

**NORTH HUNTERDON-VOORHEES REGIONAL HIGH SCHOOL DISTRICT**

**STUDENT RANDOM ALCOHOL AND DRUG CONSENT TO TEST FORM  
2014-2015**

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 Ann Bonavita in the Athletic Office*