

North Hunterdon-Voorhees Regional High School District Random Drug Testing Program Consent Form

FOR STUDENT ACTIVITIES & SENIOR PARKING ONLY

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 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:
 - Extra-curricular Activity
 - On-campus Parking

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

THIS FORM IS NOT REQUIRED IF YOU HAVE ALREADY SIGNED THE ATHLETIC APPROVAL FORM
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