

DORA R-III SCHOOL DISTRICT STUDENT DRUG TESTING

I, _____, [student=s name] have received, read, understand and agree to abide by the Dora R-III School District drug testing policy and procedures. As a condition of participating in activities in the Dora R-III School District, I agree to provide urine specimens when directed and authorize the district to have the specimens tested for drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Dora R-III School District and to my parents/guardians.

Student Signature _____ Date _____

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the Dora R-III School District drug testing policy and procedures. As a condition of my student=s participation in activities in the Dora R-III School District, I authorize the district to collect urine specimens from my student and authorize the district to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I also authorize the release of information concerning the results of such a test to the Dora R-III School District.

Signature of Parent/Guardian _____ Date _____

This consent form will remain in effect for the duration of the student=s enrollment within the Dora R-III School District, unless revoked in writing by the parent/guardian.

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 05/23/2013

Revised:

Dora R-III School District, 613 County Road 379, Dora, MO 65637

