



The School Board of Okeechobee County

Random Drug and Alcohol Testing Program

Consent to Drug Testing

I fully understand that my performance as a participant in athletics, extracurricular activities, or on-campus parking 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 School Board of Okeechobee County, Florida (the Board) and the sponsors for any qualifying activity in which I participate.

I authorize the Okeechobee County School District to conduct a test of my urine which I provide onsite to test for alcohol and/or drug use if my name is drawn from the random pool. In accordance with the Board's Random Drug and Alcohol Testing of Students policy, I authorize the release of information concerning the results of such tests to designated Okeechobee County School District personnel.

I plan to participate in one or more of the following:

- Athletics – list sport(s)_____
- Extracurricular activities – list activity/club(s)_____
- On-campus Parking
- Voluntary Participation

I understand that by signing this form, I give my consent to be randomly tested for the school year, at my school, based on my participation in any of the specified activities or until a Withdrawal of Student from Program form is completed.

_____ Student Signature	_____ Grade	_____ Printed Student Name	_____ Date
_____ Parent Signature		_____ Printed Parent Name	_____ Date
_____ Home Telephone Number		_____ Cell Telephone Number	

For Office Use Only:

Student's ID Number _____