

\_\_\_\_\_  
**Pupil Grade**

\_\_\_\_\_  
**Pupil Name (print)**

**Kinnelon School District  
Random Drug and Alcohol Testing Program  
Pupil Consent to Test Form**

I understand fully that my performance as a pupil 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 Kinnelon School District Board of Education and the sponsors for the activity in which I participate. I authorize the Kinnelon School District to conduct a test on urine 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 the Pupil Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such tests to designated District personnel.

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

\_\_\_\_\_ Fall Sport

\_\_\_\_\_ On-Campus Parking

\_\_\_\_\_ Winter Sport

\_\_\_\_\_ I am not in a volunteer Activity, but I volunteer to be placed in the testing Pool.

\_\_\_\_\_ Spring Sport

\_\_\_\_\_ Activity/Club

\_\_\_\_\_ **I would like to enroll in the Random Drug Testing Program for the entire 2010-2011 school year. (I would not be taken out of the pool when my sport Or voluntary activity ends.**

\_\_\_\_\_ Activity/Club

\_\_\_\_\_ Activity/Club

\_\_\_\_\_ Fall Drama production

\_\_\_\_\_ Spring Drama production

\_\_\_\_\_ (circle all that apply) **Pep Band, Mock Trial, Academic Decathlon, Envirothon**

\_\_\_\_\_ I am eighteen years of age and give permission for the following people to be contacted about the results of my drug test.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**I understand that this form remains in effect until I no longer participate in any of the volunteer activities listed on this form.**

\_\_\_\_\_  
**Pupil Signature**

\_\_\_\_\_  
**Date**

**Parent signature(s) are required regardless of student's age.**

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**CONTACT INFORMATION-** who is best to receive a courtesy call if your number has been selected for random testing? (name and relationship and phone number)