
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
_____ Winter Sport
_____ Spring Sport
_____ Activity/Club
_____ 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

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)