Mt. Vernon Community School Corporation
2014-2015 Extra Curricular Consent Form

I have attained a copy of the "Mt. Vernon Community School Corporation Random Student Alcohol and Drug Testing Policy." I have read this policy and understand that the policy requires random alcohol and drug testing to participate in extracurricular activities or obtain a student parking permit for the Mt. Vernon Community School Corporation. Therefore, I,

_____, _____ ,
(Printed Student Name) **(Age)**

desire to participate in this program. I voluntarily agree to be subject to the policy's terms and conditions for the entire 2014-2015 school year. I accept the selected method of obtaining saliva specimens, testing and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing saliva specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results of any sample obtained from my person. I agree that if the above named person refuses to be tested or if either of the persons signing this consent form withdraws their consent, then both the student and parent or guardian (if the student is under the age of 18) shall be notified. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records only to the extent of the disclosure is authorized or required by the Policy.

Date: _____, 20____

CONSENT

_____ _____
Student Signature Parent/Guardian Signature

_____ Grade in 2014-2015

_____ Gender