

**Pauls Valley Public School District
Student Drug Testing Consent Form**

Statement of Purpose and Intent

Participation in school sponsored extracurricular activities at the Pauls Valley School District is a privilege. Students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Pauls Valley Public School District. For the safety, health, and well-being of the student of the Pauls Valley Public School District, the Pauls Valley Public School District has adopted the attached Student Activities Drug Testing Policy and the Student Drug Testing Consent Form for use by all participating students at the middle, junior and high school levels.

Participation in Extracurricular Activities

A copy of the Student Activities Drug Testing Policy and Student Drug Testing Consent Form shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate any extracurricular activity. The policy is available online at PaulsValleySchools.com. The consent form shall be to provide a urine sample: a) as chosen by the random selection basis; and b) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Student Drug Testing Consent Form.

Student's Last Name	First Name	MI
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I understand after having read the "Student Activities Drug Testing Policy" and "Student Drug Testing Consent Form" that, out of care for my safety and health, the Pauls Valley Public School District enforces the rules for applying to the consumption or possession of illegal and performance enhancing drugs. As a member of a Pauls Valley Public School extracurricular team, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use of illegal or performance enhancing drugs at any time while I am involved in in-season or off-season activities. I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the policy.

Signature of Student	Date
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We have read and understand the Pauls Valley Public School District "Student Drug Testing Policy" and "Student Drug Testing Consent Form". We desire that the student named above participate in extracurricular program(s) of the Pauls Valley Public School District, and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of Parent or Custodial Guardian	Date
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Signature of Athletic Director	Date
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