



# Sapulpa Public Schools

District Student Drug Testing Consent Form

**Statement of Purpose and Intent**-Participation in school sponsored extracurricular activities in the Sapulpa Public School District is a privilege. Activity Students, at the high school and junior high level carry a responsibility to themselves, fellow students, parents and school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs and/ or performance enhancing drugs.

**Participation in Extracurricular Activities**-Attached is a copy of the Student Activity Drug Testing Policy. Please Review. The consent below should be read, signed and dated by the student, parent and coach/ sponsor before drug testing occurs. The student will not be eligible to practice or participate in any extracurricular activities without a signed consent and drug testing. Signatures on the consent constitute agreement to provide a urine sample and/ or hair follicle (a) when selected on a random selection basis; (b) at any time requested based on reasonable suspicion to be tested for illegal or performance enhancing drugs; (c) prior to participation in any extracurricular activities.

Student's Last Name

First Name

MI

Please list all interscholastic activities:

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I understand, after reading the "Student Activity Drug Testing Policy" and "Student Drug testing Consent" that out of care for my safety and health, the Sapulpa Public School District enforces the rules applying to the consumption or possession of illegal and performance enhancing drugs. If I choose to violate school policy regarding the use or possession of illegal or performance enhancing drugs 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 outlined in the Policy.

We have read and understand the Sapulpa Public School District " Student Activity Drug Testing Policy" & "Student Drug Testing Consent". We desire that the above named student participate in the extracurricular activities of the Sapulpa Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples and hair follicles, 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.

Student Signature

Date

Signature of Parent/ Custodial Guardian

Date