

STUDENTS

3401F

DRUG TESTING AND ACTIVITY CODE CONSENT FORM

I understand that my performance as a participant 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 Salmon River Joint School District #243 Board of Trustees and the sponsors for the activity in which I participate. I have read and agree to abide by Salmon River JSD Policy #3381 Extra-Curricular Activity Code and Policy #3401 Drug Testing of Activity Students. This form is to be completed the first year that a student is enrolled at Salmon River High School. Form 3401F2 will be used for subsequent years.

I authorize Salmon River Joint School District #243 to conduct tests on urine specimens and/or saliva sample, which I provide, to test for drugs and alcohol use. I also authorize the release of information concerning the results of such a test to the principal at Salmon River High School, appropriate school personnel and to my parent or guardian. This form need not be signed every year, but after the first form is completed, it will be in effect for the student's entire enrollment in a Salmon River High School. Future policy amendments will require parent/guardian notification and the appropriate signatures on a new notarized consent form.

This shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Signature Date

Parent/Guardian Signature Date

ACKNOWLEDGEMENT CERTIFICATE
(INDIVIDUAL PERSONALLY KNOWN BY NOTARY)

State of Idaho _____)

County of _____)

On this _____ day of _____, in the year of _____.

Before me _____, personally known to me to be the person(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she (thy) executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal, and the day and year in this certificate first above written.

Notary Public for Idaho
Residing at _____

My Commission Expires: _____

Form History:
Adopted on: April 20, 2009
Revised on: November 16, 2009