

Student's Name Printed _____

Cokeville/Star Valley High School/StarValley Middle School

**Student-Parent/Guardian
Drug Testing 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 Cokeville/Star Valley High School/Star Valley Middle School, the Lincoln County School District #2 Board of Trustees, and the sponsors for the activity in which I participate.

I also authorize Cokeville/Star Valley High School/Star Valley Middle School to conduct tests on urine specimens, which I provide, to test for drugs. I also authorize the release of information concerning results of such a test to Cokeville/Star Valley High School/Star Valley Middle School and my parent or guardian.

This shall be deemed a 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

Activities Director

Date

ADOPTED:

Lincoln County School District #2, Wyoming