Last Name   First Name

Student ID Number   Grade

Lake Central School Corporation Extracurricular/Driving Consent Form

I have read and understand the policies entitled "Driver Rules and Regulations" and "Student Driver Drug Testing Program." Both policies are available in the high school main office and posted on the Lake Central High School website at: http://lake-central.lcsc.us/index.php

I, _____ want to participate in this program,
              (Printed Student's Name)

and in the extracurricular/athletic/driving program of Lake Central School Corporation. Therefore, I voluntarily agree to be subject to the terms of the testing program for the current school year and throughout summer school. I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent called for under the program.

I, also, understand that once I have tested "positive" I can be retested at anytime during that school year.

Date: _____, 20____

_____   _____
        Student Signature   Parent/Guardian Signature

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I, _____, have decided **not** to participate in any extracurricular activities, athletic, and student driver programs sponsored by Lake Central School Corporation for the remainder of this school year. In order for me to participate in these programs at a later date, I understand that I must consent to the terms of the Drug Testing Program and submit a signed consent form.

_____   _____
        Student Signature   Parent/Guardian Signature

_____   _____
           Date   Date

Adopted by the Board of School Trustees 6/19/00 – Revised 3/06