

**Cassville R-IV School District  
Random Drug Form Testing Consent Form  
2014-2015**

The Cassville R-IV School District recognizes the importance of a drug free life; therefore, the District has adopted an Extracurricular Random Drug Testing Policy.

We have read and understand the Cassville R-IV School District's Extracurricular Random Drug Testing Policy.

We understand the purpose behind this policy, and we **agree to abide by** the procedures and consequences of the policy. We authorize the release of information from the drug testing laboratory to the Cassville R-IV School District.

\_\_\_\_\_ grade  
Student Name (please print)

\_\_\_\_\_ Date  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature

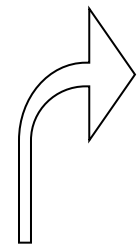
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I do not wish to participate in the random drug testing program and I realize that **I am not eligible** to participate in extracurricular activities until my authorization is given, and I may be subject to suspension from competitive activities at that time.

\_\_\_\_\_ grade  
Student Name (please print)

\_\_\_\_\_ Date  
Student Signature

\_\_\_\_\_  
Parent or Guardian Signature



**SIGN ONLY ONE**

