

## Haywood County Schools

1233 North Main Street Waynesville, NC 28786 828 456 2400

## STUDENT DRUG TESTING CONSENT FORM

In order		(student) to be able to participate in some or all of the following
	ry activities or privileges offered by the Haywood itive extracurricular activities, and campus parking	County Schools: interscholastic athletics, other voluntary g privileges. I hereby understand and agree that:
•	I have received a copy of the Haywood County B understand the policy.	soard of Education's random drug testing policy. I have read and
•		be enrolled in the Haywood County Schools random drug testing
		be drug-tested in accordance with the random drug testing aywood County Schools so long as she/he continues civities.
•	• Students may be opted out of the Random Drug Testing Program by completing the "Withdrawal of Student Drug Testing" Form. However, if withdrawn, my student will not be allowed to participate in extracurricular activities or park on Haywood County Schools Campuses.	
•	Drug tests of students under the random drug testing policy are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall be considered a positive test result under the policy.	
•	Medical Review Officer for Haywood County Sc Principal. A copy of the Haywood Board of Educ	he parent/guardian, the contracted Test Administrator and hools, the Superintendent's designee and the student's school ration Drug Testing Policy may be found on-line at ew the policy on-line, you may pick up a copy at your student's
Dated:		
	Name of Student	Name of Parent/Guardian
	Signature of Student	Signature of Parent/Guardian

## **Board of Education**