

# Kimberly School District

STUDENTS 3350-F

## Student – Parent / Guardian Extracurricular Activities Drug-Testing Consent Form

We, the undersigned Student and Parent/Guardian, understand that Student performance as a participant and the reputation of the Student's school are dependent, in part, on Student's conduct as an individual. We, the student and Parent/Guardian, hereby agree to accept and abide by the standards, rules, and regulations set forth by the Kimberly School District's Board of Trustees and the sponsors for the activity in which Student's participate.

We also authorize the Kimberly School District to conduct random drug testing of the saliva or urine specimens which student provides, to test for illegal drugs and/or alcohol use. We further authorize Kimberly School District to transport sample to the testing lab of it's choice for screening and conformation of the sample pursuant to the provisions in Kimberly School District's Student Activities Drug Testing Program. We also unconditionally authorize the release of information concerning the results of any such test to the Kimberly School District. If the student is taking prescription or over the counter medications, the MRO (Medical Review Officer) may contact parents to verify any non-negative results.

This testing shall be deemed as consent for the purposes of the Family Education Right to Privacy Act.

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

Parent/Guardian \_\_\_\_\_  
Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### ACKNOWLEDGEMENT

STATE OF IDAHO)  
: SS.  
County of Twin Falls)

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said State; personally appeared \_\_\_\_\_ and \_\_\_\_\_, personally known to me to be the persons whose names are subscribed to the foregoing instrument, and acknowledged to me that they executed the same.

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

NOTARY PUBLIC: \_\_\_\_\_  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_