



PARMA PANTHERS

PARMA SCHOOL DISTRICT STUDENT- PARENT/GUARDIAN DRUG TESTING CONSENT FORM

We, the undersigned Student and Parent/Guardian, understand that Student's 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 and abide by the standards, rules, and regulations set forth by the Parma School District's Board of Trustees and the sponsors for the activity in which Student participates.

We also authorize the Parma School District to conduct random drug testing or urine specimens that Student provides, to test for illegal drugs and/or alcohol use. We also unconditionally authorize the release of information concerning the results of such test to the Parma School District.

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

Print Student Name	Sign Student Name	Date
Print "Parent/Guardian" Name	Sign "Parent/Guardian" Name	Date
		Student Graduation Year _____

ACKNOWLEDGEMENT

STATE OF IDAHO)
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County of Canyon

On the _____ day of _____, in the year of _____, before me _____, a notary public in and for said State, personally appeared _____, personally known to me to be persons whose names are subscribed to the within 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 this certificate first above written.

Notary Public for Idaho
Residing at _____
My Commission Expires: _____