



CABELL COUNTY SCHOOLS
CREATE YOUR STORY

Drug Testing Consent Form

Student Name: _____

Student ID: _____

Check all activities all are applicable:

☐ Simulated Workplace ☐ Student Driver

☐ Activity Student ☐ Opt-In

Students who participate in interscholastic extra-curricular activities, who drive or park on school property, who are enrolled in simulated workplace programs, or Opt-in participants are subject to random drug testing in accordance with Cabell County Student Drug Testing Policy or CTE Drug Testing Policy.

Signatures hereon serve as student/parental consent:

a) For me/my child to undergo random drug testing and to submit a saliva/urine sample for that purpose;

b) For me/my child to be randomly drug tested in accordance with the terms of the Cabell County Schools policy;

c) For Cabell County Schools to submit my child's saliva/urine sample for testing for drugs/alcohol prohibited by its policy; and

d) For the Cabell County Schools to obtain the results of my child's drug/alcohol test from a certified laboratory for use in accordance with the Cabell County Schools Random Drug Testing Policy

A copy of this policy has been made available for review, and I hereby acknowledge that I thoroughly understand its terms and provisions. I release Health Research Systems and Cabell County Schools from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

Signature of Parent or Custodial Guardian

Date

Signature of Student

Date