**DRUG TESTING CONSENT FORM**

I have received and have read and understand a copy of the *“TSC DRUG EDUCATION AND TESTING PROGRAM.”* I desire to participate in this program and in the interscholastic athletic program of Harrison High School and hereby voluntarily agree to be subject to its terms. I accept the method of obtaining urine samples, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing and results provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program. (As a member or parent of a member of a Harrison High School athletic team, we have read and do understand the contents of this Drug Testing Program.)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

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Student Signature

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**PRINT** Student name

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Custodial Parent or Guardian Signature

I also have read and understand the rules and regulations as stated in the Harrison Athletic Handbook. As a member of an athletic squad representing Harrison High School I agree to conduct myself accordingly. Only through the cooperation of each parent and the athlete will we be able to control the widespread usage of alcohol and drugs in our society. I will help eliminate such from our athletic program by following the standards listed in this handbook throughout the year. As a member or parent of a member of a Harrison High School athletic team, we have read and understand the contents of this handbook and agree to abide by its rules and regulations.

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Student Signature

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**PRINT** Student name

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Custodial Parent or Guardian Signature

