Section to be Filled Out by Activity Student, Driving Student, Simulated Work Place Student or Opt-in Participant
Please Print or Type:

Student ID Number: _____

_____ _____ _____
Student's Last Name First Name MI

I, the above named student, understand after having read the and "Student Drug Testing Consent Form" that, out of care for my safety and health, Cabell County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Cabell County Schools interscholastic extra-curricular activity, one who drives and parks on school property, one who is enrolled in a simulated workplace program, or an Opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, driving, or enrolled in a simulated workplace program, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

_____ _____
Signature of Student Date

Section to be Filled Out by Parent/Guardian and Principal/Coach/Sponsor
We have read and understood the Cabell County Schools and "Student Drug Testing Consent Form."

We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in

_____ _____
Signature of Parent or Custodial Guardian Date

_____ _____ _____
Signature of Principal/Coach/Sponsor Team/Activity Date