

**BEAUFORT COUNTY SCHOOL DISTRICT
DRUG TESTING CONSENT FORM**

I desire that _____ (student) be able to participate in some or all of the following voluntary activities or privileges offered by the Beaufort County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges.

I hereby agree that:

I have read and understand the Beaufort County School District administrative regulation governing random student drug testing. I have read and understand the regulation.

_____ (student) shall be enrolled in the Beaufort County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during this school year while enrolled in the Beaufort County Schools.

Drug tests of students under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.

Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Beaufort County Schools, the Medical Review Officer, the Superintendent's designee and the student's school Principal.

Student Name:	Signature	Date:
Name of Parent/Legal Custodian:	Signature	Date: