

Galva Community Unit School District #224
Random Student Drug Testing
Permission Form 2022-2023

Required for Extra-curricular/Activity Participation & School Dances

Student's Legal First Name (Please Print)

Student's Legal Last Name (Please Print)

Date of Birth

FOR OFFICE USE ONLY

Date Received _____

Student ID # _____

AS A STUDENT:

- ❖ I understand and agree that participation in extracurricular activities and school-sponsored dances are voluntary and a privilege. I understand that as part of my voluntary participation in "covered" extracurricular activities and dances, I am also consenting to participation in the school district's Random Student Drug Testing program. The list of "covered" extracurricular activities is listed in the Galva Athletic/Activity Code and can also be accessed on the Galva School District #224 website (www.Galva224.org).
- ❖ I understand that if I decline to consent to participation in the Random Student Drug Testing program that I will be unable to participate in "covered" extracurricular activities or school dances in the Galva Community Unit School District for the entire academic school year, 2022-2023.

AS A PARENT/ GUARDIAN / CUSTODIAN:

- ❖ I have read Galva CUSD #224 Random Drug Testing Policy # 7:242 and understand that my child's participation in "covered" extracurricular activities and/or his/her ability to attend a school-sponsored dance is voluntary and a privilege. I understand that as part of my child's voluntary participation in "covered" extracurricular activities and school dances; I am consenting to his/her participation in the school district's Random Student Drug Testing program for the entire academic school year, 2022-2023.
- ❖ I understand that if I decline to consent to my child's participation in the Random Student Drug Testing program, my child will be unable to participate in "covered" extracurricular activities or attend school dances in the Galva Community Unit School District.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the collection process will be overseen by trained personnel and that samples will be sent to a certified laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the Galva Community School District, its laboratory, doctors, employees, and/or agents to perform testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the tests. I further understand and consent to the vendor selected by Galva Community Unit School District, its doctors, employees, and/or agents, to release results of tests to the Galva Community Unit School District in accordance with Board policy. I understand that the consent granted herein is effective for the entire 2022-2023 school year.

PRINTED NAME Parent/ Guardian/ Custodian

Daytime Phone Number

SIGNATURE Parent/ Guardian/ Custodian

Date

STUDENT SIGNATURE

Date