4.3.3F1 – CHEMICAL SCREEN CONSENT FORM

VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS
DRUG TESTING POLICY
GENERAL AUTHORIZATION FORM A

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Van Buren School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by Van Buren School District Board and the sponsors for the activity in which I participate.

I also authorize Van Buren School District to conduct a breath scan or a urinalysis to test for drugs and/or alcohol use. I also authorize Van Buren School District to conduct random tests during the current school year. I authorize the release of information concerning the results of such a test to the Van Buren School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

_____
Student Name (Printed)

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date