

EAST CARROLL PARISH SCHOOLS

East Carroll Substance Abuse/Misuse Consent Form

School: _____ Date: _____

I, _____, parent/guardian of _____, am
Parent/guardian *Student's name*

knowledgeable of the **East Carroll Parish Drug Testing Program for Athletes** and has agreed that my child must abide by the policy. I am aware that the **Drug Testing Policy** shall be strictly enforced.

The East Carroll Parish School Board may administer urine tests as part of its athletic program prior to any participation in practice or interscholastic competition. Refusal to allow these tests to be administered shall immediately serve as notice that the athlete may not participate in interscholastic sports activities, including practice sessions.

Therefore, by signing, this form, the parent(s) /guardian(s) and participate acknowledge that they have consented to the administration of urine tests and waive any claims of invasion of privacy and any objection to these safety proceedings.

I realize that the East Carroll Parish School Board assumes no responsibility for diagnosing or treating any condition that may become known as a result of laboratory test(s).

Having read the entire parish policy, my signature and my child's signature indicate that we will adhere to the **East Carroll Parish Drug Testing Program for Athletes**.

Signature of Parent/Guardian / Date

Signature of Student / Date