

**LAKE STATION COMMUNITY SCHOOLS
EXTRA CURRICULAR CONSENT FORM**

I have received, read, and understand a copy of the “Lake Station Community Schools Random and Reasonable Suspicion Drug Testing Program”.

(Print student name clearly)

voluntarily agrees to be subject to its terms and conditions of the program for their entire junior-senior high school career (grades 7-12).

This consent is given pursuant to all State and Federal Privacy Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: _____, 20 _____

Student Signature **Parent Signature**

XXXXX Non-Consent XXXXX

(Print student name clearly)

does not agree to be subject to the terms and conditions of the program. This student will not be eligible to participate in any LSCSC extracurricular activities/driving privileges for the remainder of this school year.

Date: _____, 20 _____

Student Signature **Parent Signature**