BAYONNE BOARD OF EDUCATION

Random Drug and Alcohol Testing Program Pupil Consent to Test Form

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Bayonne Board of Education and the sponsors for the activity in which I participate.

I authorize the Bayonne Board of Education to conduct a test on saliva or urine which I provide on-site to test for alcohol and/or drug use if my name is drawn from the random pool. Pursuant to the Regulations for the Pupil Random Drug and Alcohol Testing Policy 5531. I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that this consent remains in effect during my time at Bayonne High School. I further understand that testing will only be done on student contact days.

Pupil Name (Print) Reg. Room Current Grade	Student #
Pupil Signature	Date
Parent/Guardian Name (Print)	Work Phone
Parent/Guardian Signature	Date
Tarent Guardian Signature	
Home Phone Cell Phone	
I plan to participate in one or more of the following:	Control of the Contro
Athletic Program Team(s):	
Extra/Co-curricular Activity or School Club Activity(ies):	
I am volunteering to be place in the testing pool.	* *
On the recommendation of the Student Assistance Counselor.	
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Distribution: White - Testing Coordinator Yellow - Athletic Trainer/Activity Advisor	Pink - Parent/Guardian