

VERNON TOWNSHIP BOARD OF EDUCATION

Vernon Township High School

**STUDENT RANDOM DRUG AND
ALCOHOL CONSENT 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 Vernon Township Board of Education and the sponsors for the activity in which I participate.

I authorize the Vernon Township Board of Education to conduct an Alcohol and Drug test on-site if my name is drawn from the random pool. Pursuant to the Student Random Alcohol and Drug Testing Policy, I authorize the following:

1. Vernon Township Board of Education to release specimens to the testing laboratory(ies).
2. Test Laboratory(ies) to release test results to designated Medical Review Officer, MD.
3. Medical Review Officer, MD to release test results to Vernon Township Board of Education Student Assistance Counselor, RDT Program Coordinator and/or Medical Inspector.*
4. Vernon Township Board of Education to release individual student name, parent's name and home-phone number to Medical Review Officer, MD regarding all positive drug test results.

I understand that I may also be randomly drug tested throughout the remainder of the year.

Student Name (Please Print)

Year of Graduation

Student ID Number

Student Signature

Date

Parent/ Guardian Name (Please Print)

Parent/ Guardian Signature

Date

Parent/ Guardian Phone Numbers:

Home

Work

Cell

_____ I am volunteering to be placed in the drug testing pool.

_____ I plan to participate in athletics/school activities/parking. **(Complete reverse side of form)**

***All results are kept strictly confidential and are released only to those individuals named above.**

**PLEASE COMPLETE THE ACTIVITIES CHECKLIST ON THE REVERSE SIDE OF
THIS FORM**

**Indicate those activities that you will participate in during the school year.
One Opt-In form covers all activities. You may Opt-In at any time during the school year.**

SPORTS AND ACTIVITIES

FALL SPORTS

☐ Cheerleading
☐ Cross Country
☐ Field Hockey
☐ Football
☐ Soccer
☐ Tennis
☐ Volleyball

☐ Weight Room

WINTER SPORTS

☐ Bowling
☐ Basketball
☐ Skiing
☐ Swimming
☐ Ice Hockey
☐ Wrestling

☐ Weight Room

SPRING SPORTS

☐ Baseball
☐ Golf
☐ Lacrosse
☐ Softball
☐ Tennis
☐ Track
☐ Volleyball

☐ Weight Room

CLUBS AND ACTIVITIES

☐ Academic Decathlon
☐ Art Club
☐ Art Honor Society
☐ Bike Club
☐ Brass Choir
☐ Chamber Orchestra
☐ Chanticleer
☐ Chess Club
☐ Clarinet Choir
☐ Close Harmony
☐ Color Guard
☐ Dance Club
☐ DECA
☐ Fall Play
☐ Flute Choir
☐ Forensics
☐ French Honor Soc.
☐ Frisbee Club
☐ German Honor Soc.
☐ International Soc.
☐ Italian Honor Soc.
☐ Jazz Express
☐ Key Club
☐ Les Chanteuses
☐ Marching band
☐ Fishing Club

☐ Mock trial
☐ National Honor Soc.
☐ Pass It Along
☐ Peer
☐ Percussion Ensemble
☐ Pit Orchestra
☐ Pride
☐ Rebel
☐ Robotics
☐ SAT Team
☐ Science Honor Soc.
☐ Spanish Honor Soc.
☐ Spring Musical
☐ Stage Tech
☐ String Quartet
☐ SWEP
☐ Teen Arts
☐ Thespian Society
☐ Tri-M Music Soc.
☐ Saxophone Ensemble
☐ Student Council
☐ Freshman Class Officer
☐ Sophomore Class Officer
☐ Junior Class Officer
☐ Senior Class Officer
☐ Senior Parking

Other _____

If you wish to **Opt-Out** of the Random Drug testing pool after you submit an Opt-In form, you may do so by filing an Opt-Out form with the RDT Coordinator. If you Opt-Out you may change your mind within a 2 week period. After that time you will be **excluded from all activities and sports for one calendar year from your Opt-Out date.**