

*Halifax Area School District*  
*Activity Student Drug Testing Consent Form*

Statement of Purpose and Intent

Participation in school sponsored extra-curricular activities at the Halifax Area School District is a privilege. Activity students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Halifax Area School District. For the safety, health, and well being of the students of the Halifax Area School District, the Halifax Area School District has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at the middle school and high school levels.

Participation in Extra-Curricular Activities

Each activity student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activities. The consent shall be to provide a urine sample as chosen by the random selection basis; and/or at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice and/or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent Form.

I understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent", that out of care for my safety and health, the Halifax Area School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Halifax Area extra-curricular student activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs anytime while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

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Student's Last Name	First Name	MI
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Signature of Student	Date
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We have read and understood the Halifax Area School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent Form". We desire that the student named above participate in the extra-curricular student activity programs of the Halifax Area School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

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Signature of Parent or Custodial Guardian	Date
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