

ELMIRA HIGH SCHOOL
CONTRACT SIGN-OFF &
DRUG-TESTING AUTHORIZATION FORM

We have read and understand the articles in the contract; agree to abide by the rules/regulations; and we understand our rights to appeals.

I understand my performance in extracurricular activities is dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the FRSD Board policies, administrative regulations and rules of the Fern Ridge School District 28J.

I also authorize Fern Ridge School District to conduct a test, in a manner described in board policy, for drug use in a urine specimen which I provide. I authorize the release of information concerning the results of such a test to the district and to my parents(s).

This shall be deemed consent pursuant to the Family Educational Rights and Privacy Act for the release of the above information to the parties names above.

Athlete's Name (PLEASE PRINT)

Athlete's Signature

Date

Parent/Guardian's Signature

Date