

South Shore School District
Parent Permission to Participate in High School Co-Curricular Activities
Agreement to Participate in District Random Drug Testing

Date: _____

Student's Full Name: _____

Grade: _____

Co-Curricular Activity/Activities: _____

Parent/Legal Guardian Full Name: _____

My signature below represents permission for my student to practice, play and otherwise participate in the co-curricular activities shown above (includes parking in school lot). I further understand the school district requires all co-curricular participants to participate in a program of random drug testing as outlined in district information materials. I give my permission for my student to participate in the district random drug testing program. I understand that this also means that, if my child is selected for a random drug test, the district may transport my child to a facility to have this happen. I also realize that little or no forewarning will be given my child as to the date/time of the sample collection and the district may need to transport my child without first contacting me on the date of the sample collection.

Signature of Parent/Legal Guardian: _____

My signature represents my desire to practice, play and otherwise participate in the co-curricular activities shown above (includes parking in school lot). I further understand the school district requires all co-curricular participants participate in a program of random drug testing as outlined in district information materials. I agree to participate in the district random drug testing program.

Signature of Student/Athlete: _____