

**Owasso Public Schools
Drug Testing Consent Form**

Student ID _____

Student's Last Name First Name MI Grade Gender

You must fill out a form for **each activity** you participate in.
Extra – Curricular Activity

Statement of Purpose and Intent: Participation in school sponsored extra-curricular activities in the Owasso School District is a privilege. Students who participate in these activities are respected by the student body and are expected to hold 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 or performance enhancing drugs.

Participating in Extra-Curricular Activities: Possession or use of illegal drugs or performance enhancing drugs of any kind is unacceptable when participation in extra-curricular activities on behalf of the Owasso School District. This District has adopted the Student Extra-Curricular Activity Drug Testing Policy and Drug Use Testing Consent Form for use by all students participating in extra-curricular activities 6th-12th grade level. Each student and the parent or custodian shall sign and date this consent to test before the student shall be eligible to practice or participate in any extra-curricular activities.

Consent for Drug Testing: The consent shall be to provide a urine sample: a) as chosen by the random selection basis, and b) at any time requested based on reasonable suspicion to be tested for illegal or performance enhancing drugs. **No student will be allowed to practice or participate in any extra-curricular activity unless the student has returned the properly signed Drug Testing Consent Form.**

Student Athlete/Parent/Guardian: For the safety and health of students, the Owasso School District enforces the rules applying to the possession or consumption of illegal or performance enhancing drugs. It is understood that upon determination of a violation, the student in violation will be restricted to participation of any extra-curricular activities, as outlined in the policy.

I/We, have read and understand the Owasso Public Schools “Student Extra-Curricular Activity Drug Use Testing Policy”. I/We desire that the student named above participates in Extra-Curricular programs of the Owasso School District, and I/We hereby voluntarily agree to be subject to its terms. I/We accept the method of obtaining urine samples, testing, and analysis of such specimens and all other aspects of the program. I/We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

Parent/Guardian Date Student Date