

Collier County Public Schools

Random Drug Testing Program
Consent to Test Form

I understand fully that my performance as a participant and the reputation of my school are dependant, in part, on my conduct as an individual. I hereby agree to accept and abide the standards, rules, and regulations set forth by the Board of Education of the Collier County Public School district and the sponsors for the activity in which I participate.

I authorize the Collier County Public School district to conduct a screening of urine, which I will provide on-site to test for drug use, if mine is one of the names selected at random for testing. Pursuant to School Board policy and the procedures outlined for Drug Screening and Testing Students, I also authorize the release of information concerning the results of such tests only to designated school district personnel.

I understand that I may be randomly drug tested for a period of one calendar year from the submission of this form

_____ Student Name (Print)	_____ Student #
_____ Student Signature	_____ Date
_____ Parent/Guardian Name (Print)	_____ Contact Phone No.
_____ Parent/Guardian Signature	_____ Date
_____ Home Phone No.	_____ Cell Phone

I plan to participate in one or more of the following: (Check all applicable activities)

- _____ FHSAA-sponsored Interscholastic Athletics
- _____ Cheerleading