PEWAUKEE SCHOOL DISTRICT **** ACTIVITY (CLUBS) RANDOM DRUG TESTING PROGRAM ** CONSENT/RELEASE FORM** AND 2018-19 ATHLETIC/ACTIVITIES HANDBOOK

Student's Name:	Grade:	Date of Birth:
Parent/Legal Guardian's Name:		
Address:		
Home Telephone No.:	Work Telephor	ne No.:
CONSENT TO PARTIC	CIPATE AND RELEASE	E INFORMATION
I,	, am the parent/le	gal guardian of
in extra-curricular activities within the condition to participation in extra-curr testing pursuant to the Pewaukee Scho	e Pewaukee School District	:. I understand that, as a will be subject to random drug
include: alcohol, metabolites of nicot	1	-

phencyclidine (PCP). The District reserves the right to test for any other drug, within the meaning of the Policy, at the discretion of the School District Administration.

I consent to my child's participation in Random Drug Testing Program pursuant to the terms of the District Policy. I also consent to the release of information concerning the results of the Random Drug Testing Program to the Pewaukee School District's Random Drug Testing Coordinator, who will be informed as to the results of the Random Drug Test, whether it be a positive or a negative result.

Since our son/daughter has elected to become a member of a Pewaukee High School extra-curricular activity, we agree to abide by the rules and regulations in the Athletic/Activities Handbook. We have read and understand the rules

Signature of Parent(s)/Legal Guardian(s)

Date

Since I have elected to become a member of a Pewaukee High School extra-curricular activity, I hereby agree to abide by the Athletic/Activities Handbook, which I have read and understand.

Signature of Student

Grade

Date

** This form is for extra-curricular Clubs only. Athletes need to complete the WIAA Eligibility Form which includes this information. **