

**MADISON SCHOOL DISTRICT EXTRACURRICULAR  
CONSENT FORM**

I have received and have read and understand a copy of Madison School District's "Extracurricular Activities Drug-Testing Program". I desire that \_\_\_\_\_ participate in this program and in the extracurricular program of \_\_\_\_\_ School and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 9-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

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I, \_\_\_\_\_, have decided not to participate in any extracurricular activities sponsored by \_\_\_\_\_ Schools for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to urinalysis.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

