

Monmouth Regional High School

2018-2019 STUDENT RANDOM DRUG AND ALCOHOL CONSENT FORM

In order to participate in clubs, activities and sports and to be eligible to park a vehicle on school property, all students must consent to being randomly tested for alcohol and/or drug use. Please read and sign. Failure to consent eliminates the opportunity to participate in all activities.

I plan to participate in the following (check all that apply)

- Athletic program (Specify) _____

- Marching Band
- Extra-Curricular Club/Activity (Specify) _____

- On-Campus Parking

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual.

I hereby agree to accept and abide by the standards, rules and regulations set forth by the Monmouth Regional High School Board of Education for the activity in which I participate.

I authorize the Monmouth Regional High School District to conduct a Drug and Alcohol test on-site if my name is drawn from the random pool.

Pursuant to the Student Random Drug and Alcohol Policy 5142.1, I authorize the following:

- Monmouth Regional High School to release specimens to the testing laboratory
- Test laboratory to release test results to MRHS school nurse.
- MRHS School Nurse to release test results to Monmouth Regional High School– Student Assistance Counselor and Administration
- Monmouth Regional High School to release individual student name, parents name and home phone number to MRHS BOE-approved medical doctor regarding all positive drug test results.

I understand that I may also be randomly drug tested throughout the remainder of the year.

Student Name (Please Print) Student ID Number Student Signature Date

Parent/Guardian Signature Parent/Guardian Name (Please Print) Date Parent/Guardian

Home Phone Parent/Guardian Work Phone Parent/Guardian Cell Phone Parent/Guardian