

Consent to WPSD Extracurricular Activity Drug & Alcohol Testing Program

I, the undersigned activity student, acknowledge that I have received a copy of the Winona Public School District extracurricular and drug and alcohol testing policy. I acknowledge that I have had the opportunity to read and understand the policy, and I agree to comply with the rules and regulations of this program. I hereby consent to random testing throughout the school year and to testing for drug/alcohol or steroid use in the circumstances of reasonable suspicion as outlined in the WPSD extracurricular drug and alcohol testing policy. I authorize the confidential release of the results of the testing to the Winona Public School District Athletic Director, to my parents or guardians, and as provided in the policy.

Printed Name of Student

Date: _____

Signature of Student

Consent and Endorsement of Parent/Guardian

I, the parent or legal guardian of the above activity student, join in the above consent, acknowledging that I have received, read, and understand the Winona Public School District Extracurricular Drug and Alcohol Testing Policy and that I consent to the testing of my activity student as provided in the policy.

Printed Name of parent or legal guardian

Date: _____

Signature of parent or legal guardian

BOTH THE STUDENT AND HIS/HER PARENT OR LEGAL GUARDIAN MUST SIGN AND RETURN THIS CONSENT FORM TO THE PROPER AUTHORITIES AT WSD PRIOR TO THE PARTICIPATION AS A MEMBER OF ANY EXTRACURRICULAR ACTIVITY OR PROGRAM.