

**YOUGH SCHOOL DISTRICT
STUDENT DRIVER PARENT/GUARDIAN/CUSTODIAN
DRUG TESTING CONSENT FORM**

INFORMED CONSENT AGREEMENT

Student Name: _____ Student ID#: _____ Grade: _____ Birthdate: _____

AS A STUDENT:

- I understand and agree that participation in student driving is a privilege that will be withdrawn for violations of this policy.
- I understand and realize that there is a risk of injury in participating in the student driver program.
- I understand that as a student driver, I will be subject to initial and random urine drug testing, and if I refuse, I will not be allowed to be a driver.
- I understand this agreement is binding while I am a student driver.

Student's Signature _____ Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand that my son/daughter/ward, when participating in student driving will be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to continue driving and parking on school grounds.
- I have the option to remove them from the random pool with a signed letter to the building principal, but with the understanding that this will revoke their student driving privileges.
- I understand this agreement is binding while my son/daughter/ward is a student driver at Yough High School.

Parent/Guardian/Custodian Signature _____ Date _____

_____ Home Phone #

_____ Work Phone #

_____ Cell Phone #

MEDICATION CHECKLIST: *This section must be completed.* Place the appropriate check on the line.

My son/daughter is not currently taking any medications.

My son/daughter is taking medications at this time.

List all prescription medications, over the counter medications and/or herbal remedies.

- Medication: _____ Purpose: _____
- Medication: _____ Purpose: _____
- Medication: _____ Purpose: _____

Yough High School Parking Information Form:

Name: _____

Grade: _____

Car Make: _____

Car Model: _____

Car Color: _____

Plate: _____

I understand that my school issued parking tag must be displayed during school hours while parked on School District property; furthermore, I understand that any misuse of this parking pass will result in the loss of my parking privileges. I understand that my parking privileges may be revoked if I allow an unauthorized rider to ride with me, if I lend my tag to another student, or for any parking lot violations; including reckless driving, leaving school without permission, or excessive tardiness. Additionally, I understand that if I misplace my parking tag, my driving privileges will be suspended until I pay the \$5 replacement cost. Finally, I understand that all parking tags are property of Yough School District, and will be returned to the High School office at the end of the school year. Failure to do so will result in the student not being issued a parking tag the following year until the tag is returned or the \$5 replacement cost is paid. Additionally, seniors will need to return their parking tag prior to participating in the graduation ceremony.

Students will need to turn in the following documents along with signed copies of this page (front and back) before being issued a parking permit:

- * A copy of a valid driver's license.
- * A copy of a current proof of insurance card.

Date: _____

Signed Student: _____

Signed Parent: _____