

*Participation and Consent Form
Eligibility in MSHSAA Activities and/or Parking on District Property*

I have read the Cole Co. R-1 School District Policy concerning my participation in MSHSAA activities and/or parking on District Property. I fully understand that I will be subject to mandatory and random testing to remain eligible for participation.

I fully understand that my refusal to be tested as a result of being drawn in the random selection process at any time during my eligibility in the activities or if I engage in conduct that clearly obstructs the testing process, I will be suspended from all covered activities for one calendar year and will forfeit eligibility for all awards and honors given for covered activities from which the student was suspended.

I understand that I must provide a sealed envelope either immediately before or shortly after sample collection that would disclose any over-the-counter medications and/or prescription drugs that I am taking or have taken in the last 30 days, which will be used by the testing facility for confirmation purposes in the event of a positive test result. The sealed envelopes will only be opened in the event of a positive test result. If the sample does not test positive, the envelopes will be shredded without being opened.

The test results will only be available to the student, the appropriate MSHSAA sponsor, the parent/guardian of the student, and other persons the Superintendent or designee determines need to know the information to implement District policies or procedures.

I understand the cost of testing for reinstatement to participation will be parent/guardian/student responsibility. The follow-up testing will be completed by a District-approved testing lab under supervision of the District testing director/designee.

_____ Yes, I agree to participate in the Cole Co. R-1 Drug Testing Program. I, along with my parent/legal guardian, have read and understand the guidelines set forth in the Cole Co. R-1 Drug Testing Policy.

_____ No, I do not agree to have my child's name placed in the Cole Co. R-1 Drug Testing Program. I further understand that by making this decision I relinquish my child's opportunity to participate in the District's MSHSAA Activities and/or Parking on District Property.

Student Signature

Date

Parent/Legal Guardian Signature

Date