

**BEAUFORT COUNTY SCHOOLS
DRUG TESTING OPT-IN AND CONSENT FORM**

While _____ (student) might not participate in any of the following voluntary activities or privileges offered by the Beaufort County Schools: interscholastic athletics, other voluntary extracurricular activities, and campus parking privileges, I desire for _____ to participate in the Beaufort County Schools random drug testing program.

I hereby agree that:

- I have read and understand the Beaufort County School District administrative regulation governing random student drug testing. I have read and understand the regulation.
- _____ (student) shall be enrolled in the Beaufort County Schools random drug testing program beginning with this school year and may be drug-tested in accordance with the random drug testing regulation at any time during this school year while enrolled in the Beaufort County Schools.
- Drug tests of students under the random drug testing regulation are completely voluntary and a student is never forced to undergo a drug test. However, a refusal to take a drug test shall result in the same consequences as a positive drug test.
- Drug test results may be released to the student, the parent/guardian, the contracted Test Administrator for Beaufort County Schools, the Medical Review Officer, the Superintendent's designee and the student's school Principal.

Dated: _____, 20_____.

Name of Student

Name of Parent/Guardian

Signature of Student

Signature of Parent/Guardian