

# NUTLEY SCHOOL DISTRICT

## RANDOM DRUG AND ALCOHOL TESTING PROGRAM

### PUPIL CONSENT TO TEST FORM

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 Nutley Board of Education and the sponsors for the activities in which I participate.

I authorize the Nutley School District to conduct a test on urine, which I provide on-site, to test for alcohol and/or drug use if my name is drawn from the random pool. Pursuant to the Regulations for the Pupil Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that I may be randomly drug tested for a period one (1) calendar year from the submission of this form.

_____	_____	_____
Pupil Name (print)	Current Grade	Pupil ID
_____	_____	
Pupil Signature	Date	
_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date
_____	_____	_____
Home Phone	Work Phone	Cell Phone

I plan to participate in one or more of the following:

- \_\_\_\_\_ Athletic Program  
SPORT \_\_\_\_\_
- \_\_\_\_\_ Marching Band
- \_\_\_\_\_ Extra-Curricular Activity/School Club  
ACTIVITY/CLUB: \_\_\_\_\_
- \_\_\_\_\_ I am volunteering to be placed in the testing pool.
- \_\_\_\_\_ I will be participating in the RDT program as a result of a violation of the substance abuse policy.