

Milton-Freewater Unified School District No. 7

AUTHORIZATION TO TEST FOR DRUGS

I understand that my performance as an athlete 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 McLoughlin High School and the Milton-Freewater School District #7 Board of Directors.

I also authorize the Milton-Freewater School District #7 to conduct a test on urine specimen, which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such test to Milton-Freewater School District #7 and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above. In the event my child is selected for testing and is taking prescription medication, I give my consent for any medical provider to release information regarding any prescription drugs to the testing laboratory and Milton-Freewater School District #7 for the purpose of complying with this policy.

I have read and understand the District's policy and related procedures for drug testing and consent to such testing.

Student Signature

Date

Parent Signature

Date