

## **TVCS Student Drug Testing Consent Form**

### **STATEMENT AND PURPOSE OF INTENT**

***School Year: 2025-2026***

Participation in athletics, extra-curricular activities and driving on campus are student privileges. Activity Students (any student who represents TVCS) carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Students who elect to drive a privately owned vehicle to and from school and park on school property also carry an added accountability for the safe operation of a vehicle while on school property.

Drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of TVCS. For the safety, health, and well-being of students who drive to school and/or participate in extra-curricular activities, TVCS has adopted the attached *Student Drug Testing Policy and the Student Drug Testing Consent Form for use by all participating students at the high school level.*

### **Participation in Extra-Curricular Activities or Driving to School**

Each extra-curricular student and driving student shall be provided with a copy of the Student Drug Testing Policy and "Student Drug Testing Consent Form" which shall be read, signed and dated by the student, parent or custodial guardian, and the coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activities, or before issuance of a driving/parking pass.

The consent shall be to provide a sample:

1. As chosen by the random selection basis, and
2. At any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs.

No student shall be allowed to practice or participate in any activity, governed by the policy, or drive to school unless the student has returned the properly signed "Student Drug Testing Consent Form".

Section to be completed by the student:  
Please Print:

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

I, the above-named student, understand after having read the *Drug Testing Policy* and "Student Drug Testing Consent Form" that, out of care for my safety and health, TVCS enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of TVCS extra-curricular activity or one who drives and parks on school property, I realize that the personal decision that I make daily regarding the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, and/or driving, I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

Check all that apply: School Year 2025-2026

\_\_\_\_\_ Driving Student \_\_\_\_\_ Activity Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

Section to be completed by Parent/Guardian and Administrative Team/Coach/Sponsor

We have read and understand the TVCS *Student Drug Testing Policy* and "Student Drug Testing Consent Form". *We voluntarily agree on behalf of the student named above that, in order to participate in extra-curricular activities, be granted permission to drive to and park on property of TVCS, by electing to have him/her included in the testing pool of the TVCS drug testing policies.* We accept the method of obtaining samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

\_\_\_\_\_  
Signature of Parent or Custodial Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Administrative Team

\_\_\_\_\_  
Coach/Sponsor

\_\_\_\_\_  
Date