

**COMMERCE PUBLIC SCHOOL DISTRICT  
STUDENT EXTRA-CURRICULAR ACTIVITY  
DRUG TESTING CONSENT**

**Statement of Purpose and Intent**

*Participation in school sponsored extra-curricular activities at the Commerce Public School District is a privilege. Such privilege is governed by the attached Commerce Public School District Student Extra-Curricular Drug Testing Policy. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, students that participate in extra-curricular activities carry a responsibility to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.*

*Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Commerce Public School District. For the safety, health, and well being of the students of the Commerce Public School District, the Commerce Public School District has adopted the attached Student Extra-Curricular Activity Drug Testing Policy and this Student Extra-Curricular Activity Drug Testing Consent for use by all participating students at the middle school and high school level.*

**Participation In Extra-Curricular Activities**

Each participating student shall be provided with a copy of the Student Extra-Curricular Activity Drug Testing Policy and Student Extra-Curricular Activity Drug Testing Consent which shall be read, signed and dated by the participating student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any extra-curricular activity. The consent shall be to provide a urine sample:

- a. as part of the required physical examination for participation in athletics,
- b. on a random selection basis from a list of all extra-curricular participants in off-season or in-season activities, and (The Commerce Public School District will draw at random 2.5% of the extra-curricular activity participants to provide a urine sample for drug use testing for illegal or performance-enhancing drugs every one to fourteen days while school is in session.)
- c. 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 extra-curricular activity unless the student has returned the properly signed Student Extra-Curricular Drug Testing Consent.

\_\_\_\_\_  
Student's Last Name First Name MI

\_\_\_\_\_  
Student ID Number

I understand after having read the "Student Extra-Curricular Activity Drug Testing Policy" and "Student Extra-Curricular Activity Drug Testing Consent" that out of care for my safety and health, the Commerce Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Commerce Public School extra-curricular activity, I realize that the personal decision that I make daily in regard to 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, I understand upon determination of the violation I will be subject to the restrictions of my participation as outlined in the policy.

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

\_\_\_\_\_  
Date

We have read and understand the Commerce Public School District "Student Extra-Curricular Activity Drug Testing Policy" and "Student Extra-Curricular Activity Drug Testing Consent". We desire that the student named above participate in the Extra-Curricular Activity programs of the Commerce Public School District, and we hereby voluntarily agree to be subjected to its terms. We accept the method of obtaining urine 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 Head Coach/Head Sponsor

\_\_\_\_\_  
Team/Activity

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**MEDICATION LIST**

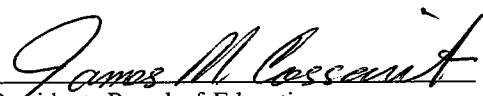
(This medication list may be submitted to the lab in a sealed and confidential envelope.)

I, \_\_\_\_\_, am currently taking or have taken the following drugs, substances, or medications in the last 96 hours (4 days):

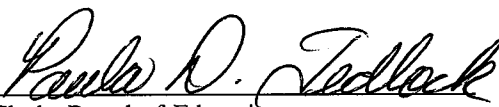
\_\_\_\_\_

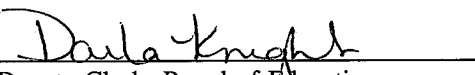
Additional information:

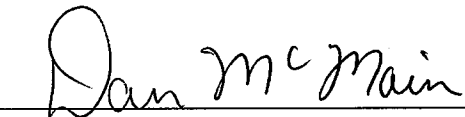
Adopted: December 14, 1998

  
\_\_\_\_\_  
President, Board of Education

  
\_\_\_\_\_  
Vice-President, Board of Education

  
\_\_\_\_\_  
Clerk, Board of Education

  
\_\_\_\_\_  
Deputy Clerk, Board of Education

  
\_\_\_\_\_  
Member, Board of Education