

OCONOMOWOC AREA SCHOOL DISTRICT  
CO-CURRICULAR RANDOM DRUG TESTING PROGRAM

**CONSENT/RELEASE FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Home Telephone No: \_\_\_\_\_

Work Telephone No.: \_\_\_\_\_ Cell Telephone No.: \_\_\_\_\_

"I, \_\_\_\_\_, am the parent /legal guardian of  
\_\_\_\_\_ (name of student).

Check one or both:

\_\_\_\_ I consent to my child's participation in co-curricular activities within the Oconomowoc Area School District.

\_\_\_\_ I consent to my child registering to park a motor vehicle in a District parking lot.

I understand that as a condition of participation in co-curricular activities and/or the exercise of parking privileges, my child will be subject to random drug testing pursuant to the Oconomowoc Area School District's Random Drug Testing Policy (Policy No. 377.2)".

I understand that the District will test for the presence of certain substances which may include alcohol, metabolites of nicotine, marijuana, opiates, cocaine, amphetamines, performance enhancers and phencyclidine (PCP). The District reserves the right to test for any other drug, within the meaning of the Policy, at the discretion of the School District Administration.

I consent to my child's participation in the Random Drug Testing Program pursuant to the terms of the District Policy. I also consent to the release of information concerning the results of the Random Drug Testing Program to the Oconomowoc Area School District's personnel who hold a legitimate educational interest.

Since our child has elected to become a member of a Oconomowoc Area School District co-curricular program and/or to exercise District parking privileges, we agree to abide by the Random Drug Testing Policy which I/we have read and understand.

\_\_\_\_\_  
Signature of Parent(s)/Legal Guardian(s)

\_\_\_\_\_  
Date

I, \_\_\_\_\_, have read and understand the statement above. I understand that my participation in co-curricular activities and/or my right to parking privileges is subject to random testing under the District's Random Drug Testing Policy. Since I have elected to become a member of a Oconomowoc Area School District co-curricular program and/or seek parking privileges at the High School, I hereby agree to abide by the Random Drug Testing Policy which I have read and understand.

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date