

OCONOMOWOC AREA SCHOOL DISTRICT  
CO-CURRICULAR RANDOM DRUG TESTING PROGRAM

**REFUSAL TO PARTICIPATE**

Student Name: \_\_\_\_\_ 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), and I understand that as a condition of participation in the Oconomowoc Area School District co-curricular programs and/or the exercise of parking privileges at the Oconomowoc High School, 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)"

"We, the undersigned, are refusing to participate in the Oconomowoc Area School District's Random Drug Testing Program. We understand that by refusing to participate in the Program, my child will not be allowed to participate in the co-curricular programs, nor will my/our child be permitted parking privileges at the Oconomowoc High School. I/we have read and understand the District's Random Drug Testing Policy."

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date