

CONSENT TO RANDOM DRUG TESTING
COLUMBIA COUNTY SCHOOL DISTRICT

Pursuant to Columbia County School Board Policy 5.17, in order to participate in extracurricular activities or to obtain a student parking permit, each student and the student's parent/guardian shall sign before a notary public a consent form to submit to random drug testing. This form must be returned to the school prior to the student's participation in any extracurricular activity or before a student parking permit is issued. The results of a drug test pursuant to this policy will not be documented in any student's academic records. Information regarding the results will not be disclosed to criminal or juvenile authorities absent legal compulsion by a valid and binding subpoena or other legal process. See School Board Policy 5.17 for further information.

IMPORTANT: THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC

The undersigned hereby freely, knowingly and voluntarily consent to _____ submitting to random drug testing during _____ (print student's full name) the _____ school year. Further, pursuant to the Family Education Right to Privacy Act (FERPA) and other applicable laws, we consent to the release of this form and its contents as necessary.

Student's Signature

Parent/Guardian Signature

Student I.D. Number

Print Parent/Guardian Name

Student/Parent/Guardian address and phone number: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20____, by _____, who is personally known to me or who provided _____ as identification.

Notary Public Signature: _____
Commission Expires: _____
Notary Public, State of _____