

Hackettstown School District

**Hackettstown High School
Random Drug and Alcohol Testing Program
Pupil Consent to Test Form**

I understand fully that my performance as a pupil and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Hackettstown School District Board of Education and the sponsors for the activity in which I participate.

I authorize the Hackettstown School District to conduct a test on urine which I provide on-site to test for alcohol and/or drug use if my name is drawn from the random pool. Pursuant to the Regulations for the Pupil Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such tests to designated district personnel.

I understand that this form remains in effect until the submission of an Activity Drop Form or graduation and/or withdrawal from the school district.

Pupil Name (*print*)

Current Grade

Pupil ID # (*leave blank*)

Pupil Signature

Date

Parent/Guardian Name (*print*)

Work Phone

Parent/Guardian Signature

Date

Home Phone

Cell Phone

I plan to participate in the one or more of the following:

_____ Athletic Program

_____ Extra-curricular Activity or School Club

_____ On-Campus Parking

_____ I am volunteering to be placed in the testing pool.

_____ I will be participating in the RDT program as a result of a violation of the substance abuse policy.