



RANKIN COUNTY SCHOOL DISTRICT EXTRACURRICULAR STUDENT RANDOM DRUG TESTING CONSENT FORM

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities in the school of the Rankin County School District is a privilege. Activity Students have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible examples of conduct by avoiding the use or possession of illegal or performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extracurricular activities in the Rankin County School District. For the safety, health, and wellbeing of all students, the Rankin County School District has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities, whether or not the activity is in off season and in season (an "Activity Student").

Participation in Extra-Curricular Activities

Each Activity Student shall be given a copy of the Activity Student Random Drug Testing Policy and Student Drug Testing Consent. Both the student and the student's parent or legal guardian must read, sign, and date the Student Drug Testing Consent before the student shall be eligible to practice or participate in the listed extracurricular activity. To be eligible to participate in or practice with certain extracurricular activities, the consent shall be (a) to give a urine sample; (b) if chosen on a random selection basis; or (c) at any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by this policy unless the student has returned the properly signed Student Drug Testing Consent.

STUDENT'S LAST NAME

FIRST NAME

MIDDLE NAME

SCHOOL

I have read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent," and I understand that, out of care for my safety and health and safety of others, the Rankin County School District enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school's extracurricular activity, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and wellbeing, possibly endanger those around me, and reflects poorly upon any organization with which I am associated. If I choose to violate this policy regarding the use or possession of illegal or performance-enhancing drugs at any time, whether during in-season or off-season, I understand upon determination of that violation I will be subject to the restrictions on my participation and practice as outlined in the Policy. I understand that this signed consent form will be active for my entire tenure at the school in which the consent form is signed. If a student, who is a participant in the Extra-Curricular Activity Drug Testing Program, wishes to withdraw from the Extra-Curricular Activity Drug Testing Program both the student and the student's parent or custodial guardian must read, sign and date the Extra-Curricular Student Random Drug Testing Program Withdrawal Form and submit such form to the principal at his/her school.

SIGNATURE OF STUDENT

DATE

We have read and understand the Rankin County School District "Activity Student Random Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participate in the extracurricular activities of the Rankin County School District, and we hereby voluntarily agree that we and our child or ward are subject to terms of the Activity Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further agree and consent to the disclosure of the sampling, testing, and results as provided in the policy and any regulation adopted by the administration of the District. We understand that this signed consent form will be active for the entire tenure at the school in which the consent form is signed. If a student, who is a participant in the Extra-Curricular Activity Drug Testing Program, wishes to withdraw from the Extra-Curricular Activity Drug Testing Program both the student and the student's parent or custodial guardian must read, sign, and date the Extra-Curricular Student Random Drug Testing Program Withdrawal Form and submit such form to the principal at his/her school.

SIGNATURE OF PARENT OR GUARDIAN

DATE

I have read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent," and I understand that out of care for my safety and health and safety of others, the Rankin County School District enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school's extracurricular activity, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and wellbeing, possibly in a manner that I cannot foresee, and reflects poorly upon any organization with which I am associated. I have chosen to violate this policy regarding the use or possession of illegal or performance-enhancing drugs at any time, whether during in-season or off-season. I understand upon determination of my violation I will be subject to the restrictions on my participation and practice as outlined in the Policy. I request that this signed consent form will be active for my entire tenure at the school in which the consent form is signed. If a student, who is a participant in the Extra-Curricular Activity Drug Testing Program, wishes to withdraw from the Extra-Curricular Activity Drug Testing Program both the student and the student's parent or custodial guardian must read, sign and date the Extra-Curricular Student Random Drug Testing Program Withdrawal Form and submit such form to the principal at his/her school.



Rankin County School District

TRADITION OF EXCELLENCE

BRANDON FLORENCE McLAURIN NORTHWEST PELAHATCHIE PISGAH PUCKETT RICHLAND

Post Office Box 1359 | Brandon, MS 39043 | p 601.825.5590 | f 601.825.2618 | www.rcsd.ms

PARENT/GUARDIAN CONSENT FOR CLUB PARTICIPATION

Student:

I understand the _____ club requirements and I am willing to abide by them as a club member.

Signature of Member

Date

Parents/Guardians:

After reading the rules and expectations for the _____ club with my daughter/son, I am aware of the commitment necessary for success. **(Reference RCSD policy JH)**

_____ has my permission to participate as a member of the _____ club for the _____ school year.

Print Parent Name

Parent Signature

Date

Please indicate how your child is getting home below

Please contact me immediately with any changes in parent contact information or change to how student is getting home.

Dr. Scott Rimes
Superintendent of Education