



Shore Regional High School District
MONMOUTH BEACH – OCEANPORT – SEA BRIGHT – WEST LONG BRANCH

**Random Drug and Alcohol Testing Program:
Student Consent Form**

I understand fully that my performance, as a participant 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 Shore Regional High School Board of Education and the sponsors for the activity in which I participate.

I authorize the Shore Regional High 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 Student Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the result of such tests to designated District personnel.

I understand that I may also be randomly drug tested for a period of one (1) calendar year from the submission of this form and I am aware of the Administrative Guidelines on Random Drug Testing.

_____ Student Name (please print) _____ Student Signature

_____ Date _____ Grade (please circle) 9 10 11 12

_____ Parent/Guardian Name (please print) _____ Parent/Guardian Signature

_____ Daytime Telephone Number _____ Parent/Guardian Cell Phone Number

I plan to participate in one or more of the following (please check).

_____ Athletic Program (please specify sport/activity) _____

_____ Co-Curricular Activity/Club (please specify) _____

_____ 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 district substance abuse policy.