

BAYONNE BOARD OF EDUCATION

Random Drug and Alcohol Testing Program *Pupil Consent to Test 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 Bayonne Board of Education and the sponsors for the activity in which I participate.

I authorize the authorize the Bayonne Board of Education to conduct a test on saliva or 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 5331. I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that this consent remains in effect during my time at Bayonne High School. I further understand that testing will only be done on student contact days.

_____	_____	_____	_____
Pupil Name	Reg. Room	Grade	Student ID
_____	_____	_____	_____
Pupil Signature			Date
_____	_____	_____	_____
Parent/Guardian Name (Print)			Work Phone
_____	_____	_____	_____
Parent/Guardian Signature			Date
_____	_____	_____	_____
Home Phone			Cell Phone

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

_____ Athletic Program Team(s): _____

_____ Extra/ Co- curricular Activity or School Club Activity(ies) _____

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

