
**STUDENT ATHLETE DRUG TESTING CONSENT FORM
FOR CHEROKEE COUNTY SCHOOL DISTRICT**

Before participating in any sport, a student athlete and parent/guardian must sign this consent form before the student athlete is allowed to participate in any game or practice.

I. _____, do hereby declare that I will be a
(Name of Student)

participant in the school board approved drug screening of athletes. I authorize the school to administer drug testing and to release the results of the test to my parent/guardian, athletic director and the principal.

The parent/guardian, _____, consents to and authorizes the
(Name of Parent/Guardian)

Cherokee County School District to conduct a test on a urine specimen provided by the student to test for drug use and the release of information concerning the results of such a test to the parent/guardian, athletic director, and the principal.

Signature: Student

Signature: Parent/Guardian

Date