

**Kamiah Joint School District #304**

**STUDENTS**

**3400F**

Kamiah Joint School District’s Extracurricular Activity Consent Form

I have received and have read and understand a copy of the Kamiah Joint School District #304’s Policy 3400 “Extracurricular Activities Drug-Testing Program,” and I understand its terms. I desire that \_\_\_\_\_ participate in this program and in the extracurricular program of the Kamiah Joint School District #304 and hereby voluntarily agree to be subject to its terms for the entire middle or high school career (grades 6-12). I accept the method of obtaining saliva specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing saliva specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and federal statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

I understand that my performance in Idaho High School Activities Association (IHSAA) sponsored events 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 Kamiah Joint School District #304 for the activity in which I participate.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

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I, \_\_\_\_\_, have decided **not** to participate in any extracurricular activities sponsored by Kamiah Joint School District #304 for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to drug testing.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date