

Drug Testing Policy Grade 7-8

I (parent/guardian) understand it is my responsibility to read and review with my child(ren) the Drug Testing Policy and the Drug Testing Procedure located in the Student Handbook.

I have read and completely understand the district's policy and procedures, regarding the Reeds Spring R-IV School District random student drug testing program.

Please circle your answer:

Yes - My child will participate in the drug testing program and **be eligible** to participate in extra-curricular activities.

No - My child will NOT submit to the drug testing program and I am aware my child will be **ineligible** for any extra-curricular and/or co-curricular activities.

Parent signature: _____