



CLARKSVILLE HIGH SCHOOL  
ATHLETIC DEPARTMENT

CONSENT FORM A  
CHEMICAL SCREEN POLICY (OPTIONAL)

I understand 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 Clarksville School District and the sponsors for the activities in which I participate.

I authorize the Clarksville School District to conduct a test for drugs and/or alcohol use on a urine specimen, which I provide. I also authorize the release of information concerning the results of such a test to the Clarksville School District and my parents and/or guardians.

This shall be deemed consent pursuant to the Family Education to Privacy Act for the release of above information to the parties named above.

\_\_\_\_\_  
Student Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Received in Principal's Office