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Last Name First Name MI Grad Year

**ZIONSVILLE COMMUNITY SCHOOL CORPORATION**  
**THE ZIONSVILLE COMMUNITY SCHOOLS STUDENT DRUG AND ALCOHOL TESTING PROGRAM**  
**[POLICY #5530.01](#)**

**EXTRACURRICULAR ACTIVITIES & PARKING PRIVILEGE CONSENT FORM**

We have read and understand the Zionsville Community Schools Random Drug Testing Policy. \_\_\_\_\_(name) will participate in this program as a condition of receiving the privileges to park on school grounds and/or participate in any extracurricular activities of Zionsville Community School Corporation, and hereby, voluntarily agree to be subject to the random drug testing program. We accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. We agree to cooperate in furnishing urine specimens that may be required from time to time.

We 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 Privacy 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.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date