

**BROWNSTOWN CENTRAL COMMUNITY SCHOOLS**  
**EXTRA-CURRICULAR / STUDENT DRIVER CONSENT FORM**

I have received and have read and understand a copy of the Brownstown Central Community School Corporation Random Student Drug Testing Policy, including non-academic disciplinary procedures under the Code of the Braves, the Student Activities Code of Conduct, and for student drivers. I desire that \_\_\_\_\_ participate in this program and in the extracurricular / co-curricular program of Brownstown Central Community School Corporation and / or drive to school, and hereby, voluntarily agree to be subject to its terms for the entire middle and high school career (grades 6 - 12). I accept the method of obtaining urine specimens, testing, and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing urine 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 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.

Printed Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Printed Parent/Guardian Name: \_\_\_\_\_

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

Board Policy 5683 Student Random Drug Testing and administrative guidelines and procedures are available at the high school and middle school offices.

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**Extra-Curricular/Student Driver Withdraw Form**

I, \_\_\_\_\_, have decided **not** to participate in any extracurricular or co-curricular activities sponsored by Brownstown Central Community School Corporation or drive to school. In order for me to participate in the extracurricular or co-curricular activities, or drive to school, at a later date, I understand that I must sign this consent form and participate in the student drug testing program.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_