



ATHLETE RANDOM DRUG TESTING PROGRAM (ARDTP)
Clarke County Public Schools
Drug Screening Consent Form

I, _____, knowingly and willingly authorize the Clarke
Student's Name
 County School District to conduct a specific test on a urine specimen which I provide to ascertain whether or not there is evidence of my use of drugs and/or alcohol. I also agree to release information concerning the results of such a test to the Clarke County School Division, through its agents (the Superintendent and/or Superintendent's Designees) and to my parents and/or guardians.

If I am, or have been, taking prescription medication, I agree that I shall provide verification of the prescription medication (either by a copy of the prescription or a doctor's authorization) upon request. My refusal could be a factor in determining my privilege to participate in school athletics.

I am aware and agree that this requested information concerning prescription medication shall be provided to the system's appointed medical review officer for review.

I am further aware and agree that the consent form shall be binding for as long as I avail myself of the privilege of participating in athletics in the Clarke County School System.

I further understand and agree that the Clarke County School System is not assuming any medical obligations but is merely acting to help promote my health, safety and welfare and to achieve a safe athletic environment.

Student Signature *Date*

Parent or Guardian Signature *Date*

School Representative Signature *Date*

School

Adopted: November 8, 2007

Revised: July 15, 2015