

**WALTON-VERONA HIGH SCHOOL
WALTON, KENTUCKY**

**DRUG TESTING POLICY
GENERAL AUTHORIZATION FORM**

I understand 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 policies, standards, rules and regulations set forth by the Walton-Verona Independent Board of Education and the sponsors for the activity in which I participate.

I also authorize Walton-Verona Independent School District to conduct an initial drug-screening test for drugs and/or alcohol use. I also authorize Walton-Verona Independent School District to conduct random tests during the current sports season. I authorize the release of information concerning the results of such a test to the Walton-Verona Independent School District and to the parents and/or guardians of the student.

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

Student Signature

Date

Parent or Guardian Signature

Date

**WALTON-VERONA INDEPENDENT SCHOOL DISTRICT SUBSTANCE USE AND
DRUG TESTING POLICY AND ADMINISTRATIVE REGULATION**

I have read and understand the contents of the **WALTON-VERONA INDEPENDENT SCHOOL DISTRICT SUBSTANCE USE AND DRUG TESTING POLICY AND ADMINISTRATIVE REGULATION**. I understand by signing this document and also the General Authorization Form that I will abide by the terms and conditions of the Walton-Verona Independent School District Substance Use and Drug Testing Policy.

Student Signature

Date

Parent or Guardian Signature

Date

Athletic Department Signature

Date