

AVON COMMUNITY SCHOOL CORPORATION

RANDOM DRUG AND ALCOHOL TESTING CONSENT FORM

I, _____ have read the Avon Community School Corporation Random Drug and Alcohol Testing Program and/or the Athletic Extra Curricular Code and agree to abide by the rules set forth in said program(s).

A copy of the complete Drug Testing Program and the Athletic Extra Curricular Code can be found on the high school website or copies are available by contacting the main office or the athletic office at Avon High School.

This consent form will be in effect from the duration of the student's initial enrollment or his/her first official ISHAA practice at Avon High School, unless the student is withdrawn in the manner set forth in the Random Drug and Alcohol Program or the Athletic Extra Curricular Code. Any student who withdraws from Avon High School for any reason and then returns must submit a new consent form upon enrolling.

Student Name Printed _____

Student Signature _____

Date of Signature _____

Parent/Guardian Name Printed _____

Parent/Guardian Signature _____

Date of Signature _____

RETURN THIS FORM TO THE AVON HIGH SCHOOL MAIN OFFICE

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Office Use Only

Received by (initials) _____ Date _____