

July, 2009

Dear Parent/Guardian of a Princeton High School Student:

Princeton High School has a substance abuse testing program and will again be testing during the 2009-2010 school year in order to maintain and improve the health of students and to help prevent drug use.

To be eligible to try out for or to participate in any of the affected extracurricular activities, students must agree to submit to random testing for the use of prohibited substances in accordance with Board of Education policy. Testing will be held weekly during the entire school year in a random and mandatory manner.

The following extracurricular activities are covered by this substance abuse testing program:

Baseball	Choral Contests	Pom Pons	Volleyball
Basketball	Choral Festival	Scholastic Bowl	Wrestling
Band Contests	Cross Country	Soccer	
Band Festival	Drama/Musical Productions	Softball	
Band Ensembles	Football	Tennis	
Cheerleaders	Golf	Track	

Students in the concert choir and concert band will be involved in the IHSA Organization Contest and as such will be subject to this program. Certain chamber choir students who elect to participate in festival choirs or ensembles will also be subject to this program.

**Students who plan on participating in any of the above activities and parents/guardians need to read and fill out the attached form. The form is to be returned to the office of Dave Moore, Director of Student Activities, or to Mr. Moore at the fall athlete/parent sports meeting on Monday, August 10<sup>th</sup>, at the first meeting of the fall sport, or during student registration. STUDENTS WHO ELECT NOT TO SIGN UP AT THESE TIMES AND THEN DECIDE TO TRYOUT OR PARTICIPATE AT A LATER DATE OR SEASON WILL BE SUBJECT TO MANDATORY TESTING AT THE NEXT AVAILABLE DATE AFTER THAT STUDENT ELECTS TO PARTICIPATE. THIS MANDATORY TESTING WILL BE AT THE EXPENSE OF THE PARENTS/GUARDIANS.**

Any parent or guardian of a student who is not an extracurricular participant may have the option of enrolling that student in this random substance abuse testing program. The student would be subject to all the policies and procedures in the policy, and all testing for the non-participants would be at the expense of the parent or guardian.

Copies of the full Board of Education Policy on Substance Abuse Testing are available in the Main Office of Princeton High School.

Sincerely,

Dave Moore  
Athletic Director/Director of Student Activities

**Princeton High School District #500**

*Student and Parent or Guardian Consent Form for Extracurricular Participant  
Eligibility Random Substance Testing*

I wish to tryout for and/or participate in school sponsored extracurricular activities. I have read and understand the Board of Education's Extracurricular Participant Substance Abuse Testing Policy and agree to follow the said policy and procedures, including being subjected to random testing as a condition of participation in extracurricular activities. I understand that if I disobey the rules, I will be excluded from the opportunity to participate in extracurricular activities as provided in the Board's Policy and Procedures. I understand that I should ask Princeton High School staff if I have any questions about the substance abuse testing program or results.

I accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the program. I agree to cooperate in furnishing such urine samples that may be required at random times. I further agree and consent to the disclosure of the sampling, testing, and results as provided for in this program to the administration. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent such disclosure is authorized by this program. This consent is valid for the current school year.

I authorize the medical staff to take a sample of my urine or breath for the purpose of performing tests and otherwise screen the sample obtained from me for the presence of drugs, alcohol, tobacco, or other chemical substances. Also, I authorize the medical staff and laboratory to release the results of the testing, regardless of whether the results are negative or positive to the administration of Princeton High School District #500.

I agree to participate in this program and release the testing organization/certified lab, Princeton High School District #500, and any of their employees, agents, and assigns from any liability arising out of my participation in this Substance Abuse Testing Program.

I understand that costs for random tests and required retests will be paid for by the District.

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

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

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Print Students Name \_\_\_\_\_

Activity/Activities: \_\_\_\_\_