Appendix C

ATHLETE RANDOM DRUG TESTING PROGRAM (ARDTP) - J-2CCPS-F

Clarke County Public Schools Drug Screening Consent Form

ziug s	or coming o	
I,	, knowin	gly and willingly authorize the Clarke
County School District to conduct a to ascertain whether or not there is e	specific test evidence of r ning the resu (the Superin	on a urine specimen which I provide ny use of drugs and/or alcohol. I also lts of such a test to the Clarke County
provide verification of the prescripti	ion medicati quest. My re	medication, I agree that I shall on (either by a copy of the prescription efusal could be a factor in determining
I am aware and agree that the medication shall be provided to the review.	-	information concerning prescription pointed medical review officer for
I am further aware and agree as I avail myself of the privilege of I School System.		sent form shall be binding for as long in athletics in the Clarke County
I further understand and agree assuming any medical obligations be safety and welfare and to achieve a second seco	ut is merely	
Student Signature	Date	
Parent or Guardian Signature	Date	
School Representative Signature	Date	

Adopted: November 8, 2007 Revised: July 15, 2015

School