

**Salmon School District #291
Student Parent/Guardian Drug Testing Consent Form
2020-2021**

I, _____, understand that 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 standards, rules, and regulations set forth by Salmon Junior-Senior High School, Salmon School District #291 Board of Trustees, and the sponsors for the activity in which I participate.

I authorize Salmon Junior-Senior High School to conduct test on urine specimens, saliva samples, and/or breath, which I provide, to test for controlled substances, alcohol, and/or tobacco use. I authorize the release of information concerning the results of such a test to the drug testing coordinator at Salmon Junior-Senior High School, appropriate school personnel, and to my parent or guardian. This form needs to be signed every year.

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/Guardian Signature Date

ACKNOWLEDGEMENT CERTIFICATE

(INDIVIDUAL PERSONALLY KNOWN BY NOTARY)

State of Idaho)
) ss
County of Lemhi)

On this _____ day of _____ in the year of _____
_____.

Before me _____, personally known to me to be the person(s) whose name(s) are subscribed to the within instrument, and acknowledged to me that he/she (they) executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, and the day and year in this certificate first above written.

Notary Public for Idaho

Expires on _____