

# **RANDOM DRUG TESTING PROGRAM AUTHORIZATION**

*Policy Code: 4326-R*

## **AUTHORIZATION TO PARTICIPATE**

1. We, the undersigned student and custodial parent(s)/legal guardian(s), give our consent to submit to the Montgomery County Schools athletic drug testing policy and procedures.
2. We, the undersigned student and custodial parent(s)/legal guardian(s), have read, Montgomery County Board of Education policy 4326, Random Drug Testing Program and understand all of the requirements for athletic participation at East Montgomery High School or West Montgomery High School. We agree to comply with all the requirements.
3. We, the undersigned student and custodial parent/(s)legal guardian(s) understand that the student athlete will not be allowed to participate in any practice or game until this Authorization to Participate is returned.

Student: \_\_\_\_\_  
PRINTED NAME

Student: \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE

Custodial Parent/Legal Guardian: \_\_\_\_\_  
PRINTED NAME

Custodial Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE