

**DRUG AND ALCOHOL TESTING FOR STUDENT PARTICIPANTS IN
ATHLETIC, EXTRA-CURRICULAR, AND PRIVILEGED ACTIVITIES
GRADES 7-12**

PERMISSION TO TEST

The Tyrone Area School District is committed to providing safe drug and alcohol-free athletic and extra-curricular programs as well as privileged activities. We appreciate your support, encouragement, and cooperation. The cost of the initial test and, if necessary, the drug and alcohol evaluation will be covered by the Tyrone Area School District. Tests will be confidential. Male and female students participating in middle school, junior high, junior varsity, and varsity athletic programs, extra-curricular and privileged activities will randomly be tested during the school term. Testing may be mandated by school administration at any time throughout the school term for any student thought to be using illegal substances.

Please fill out the bottom of this page and return it to the Tyrone Area High School Principal's Office, 1001 Clay Avenue, Tyrone, PA 16686. The completed form must be on file in the Tyrone Area High School Principal's Office before **August 31, 2022**. The form must be returned for your child's participation. **(If you have already filled out this form in previous years you do not need to complete it again.)**

I hereby give permission for the Tyrone Area School District and a laboratory/hospital to perform drug and alcohol testing on my son or daughter. I realize the purpose and ramifications of the testing and will follow the guidelines set forth for positive tests.

I understand that my son or daughter will not be punished by suspension or expulsion from school attendance for a positive result; however, they will be disqualified from participation in the activity as outlined in Board Policy No. 227.1 on Drug and Alcohol Testing for Student Participants. I also understand that my son or daughter will be required to comply with specific guidelines for further athletic, extra-curricular and/or privileged opportunities as set forth in this policy.

Parent/Guardian Name **(Please print)**: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

Family Doctor: _____ Pharmacy: _____

Current Medications: _____

As a student participant, I agree to participate in the drug and alcohol testing program. I have read and understand the information provided in this Permission to Test Form.

Student Name **(Please print)**: _____

Student Signature: _____ Date: _____

Activities: _____ Grade: _____

TYRONE AREA SCHOOL DISTRICT
Middle & High School Student Code of Conduct

As a participant in any school-related activity in the Tyrone Area School District, I will follow the rules as listed below. I realize that violation of any of these rules will result in consequences as defined through guidelines of the activities, the Student Handbook, and/or School Board Policy.

1. I will not use any tobacco products.
2. I will not drink alcoholic beverages.
3. I will not use any type of drug unless prescribed by a doctor.
4. I will not miss practices or scheduled meetings unless excused by a coach/advisor.
5. I will follow school district discipline policies.
6. I am responsible for all equipment/supplies issued to me. Any loss or damage other than that due to normal wear and tear to issued equipment/supplies is my responsibility.
7. I shall at all times conduct myself in a manner that will not cause embarrassment to the Tyrone Area School District, team, coaching staff, teachers, advisors, school directors, my parents, and the community as a whole. This may be considered a major or a minor infraction.
8. I will use the transportation furnished by the school in going to and from games/activities. A student may be released to a parent or acting guardian after any away event/activity provided the parent gives the coach/advisor a written note prior to the team leaving for the event. The student will only be released to the parent or acting guardian. No student will be released to ride with a parent of another minor, or any other relative unless prior approval from the principal is obtained.
9. I will be well groomed at all times.
10. I will cooperate with any investigation relative to this Code of Conduct.

_____	_____
Signature of Student	Date

_____	_____
Signature of Parent/Guardian	Date