

PLEASE RETURN THIS FORM (FILL OUT BOTH SIDES)  
BY MONDAY, AUGUST 26, 2019! THANK YOU!

**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 26, 2019**. 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.)**

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

