



**Lexington School District One**  
**Student Drug Testing Program Acknowledgement and Consent Form**  
**Student Athletes and Student Drivers**

Lexington County School District One cares about drug abuse and the physical well-being of its students, including those covered in this policy. This program’s primary objectives are to deter drug use among students participating in school-sponsored interscholastic athletic competitions and/or students who drive and park on campus. Also, Lexington County School District One aims to assist these covered students in receiving education and counseling about drug abuse. While the misuse of drugs is a potential problem for all students, unique pressures and risks exist for students participating in athletics and students who drive and park on campus. This policy is designed to help protect covered students and others with whom they compete from potential injury because of the misuse of drugs.

**STUDENT ACKNOWLEDGEMENT AND CONSENT**

I \_\_\_\_\_ have received, read and understand Policy JJIE  
(Student) First Name Middle Name Last Name  
Drug Testing Program and Administrative Rule JJIE-R Student Drug Testing Program. I agree to accept and abide by the rules and regulations set forth in the policy and administrative rule. I understand that I will be subject to random drug testing throughout the year in which I participate in a school-sponsored interscholastic athletic competition and/or drive and park on campus. Since the process is random, I understand it is possible for me to be tested more than once during the school year. I also understand that this form remains in effect throughout my years of attendance in Lexington School District One or until the submission of a written request from a parent/guardian to withdraw consent.

\_\_\_\_\_  
STUDENT ELECTRONIC SIGNATURE      DATE      DRIVER      ATHLETE      BOTH      SPORT(S)

\_\_\_\_\_  
SCHOOL      GRADUATION YEAR      FEEDER HIGH SCHOOL (IF IN MIDDLE SCHOOL)

**PARENTAL ACKNOWLEDGEMENT AND CONSENT**

I have received, read and understand Policy JJIE Student Drug Testing Program and Administrative Rule JJIE-R Student Drug Testing Program. I give consent for my child \_\_\_\_\_ to participate in this program as a requirement for participation in any school-sponsored interscholastic athletic competition and/or receiving on campus driving and parking privileges. I understand that this form remains in effect throughout my child’s years of attendance in Lexington School District One or until the submission of a written request from me to withdraw consent.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN NAME (Please PRINT clearly)

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE      \_\_\_\_\_  
DATE

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