

**PAUL LAURENCE DUNBAR HIGH SCHOOL
DRUG TESTING POLICY
STUDENT, PARENT/GUARDIAN CONSENT TO
PERFORM URINALYSIS FOR DRUG TESTING**

I have read and understand the contents of the Paul Laurence Dunbar High School Drug Testing Policy. I understand that by signing this document, I am obligated to pay \$25.00 for the test, as well as abide by the terms and conditions of the Paul Laurence Dunbar High School Drug Testing Policy. I further understand that compliance with this policy is a precondition of participation in athletics at Paul Laurence Dunbar High School.

Print Student Name

(X) Student's Signature

Date

Print Parent or Guardian's Name

(X) Parent or Guardian's Signature

Date

Print Athletic Director's Name

(X) Athletic Director's Signature

Date