



EAST ALLEN COUNTY SCHOOLS

DREAM IT DO IT

**PARTICIPATION AGREEMENT  
STUDENT RANDOM DRUG-TESTING PROGRAM  
EAST ALLEN COUNTY SCHOOLS**

*This form must be signed by both student and parent (and returned to the school)  
prior to participating in any extra-curricular or co-curricular activity or being issued an EACS parking permit.*

Participant Name (Print): \_\_\_\_\_

School: \_\_\_\_\_

Current Grade: \_\_\_\_\_

I, the undersigned participant choose to participate in East Allen County Schools (EACS)  
(check those that apply):

\_\_\_\_\_ Extracurricular Activities (e.g. athletics, clubs, student government)

\_\_\_\_\_ Co-curricular Activities (e.g. band, choir, guard, dance, journalism)

Please list activities: \_\_\_\_\_

\_\_\_\_\_ Driving Permit Program

\_\_\_\_\_ Voluntary Participant Program

I consent to take drug and alcohol screening tests in accordance with EACS policies and procedures. I consent to provide a specimen and to have a drug-testing laboratory designated by EACS perform a substance abuse analysis on the specimen.

I consent to the release of the results of the analysis by the drug-testing laboratory to the authorized district personnel via electronic or other means, e.g. telephone, facsimile, computer.

I understand that my failure to consent to drug and alcohol screening tests will cause me to be ineligible to participate in the activities and programs listed above.

I understand that the results of such tests will be considered in determining my continued eligibility for participation in activities and programs listed above.

I understand that positive test results will be communicated to administrators, coaches, directors, and leaders of the activities and programs listed above.

I understand that a copy of all results will be communicated to the student and parents.

I understand that this participation agreement will remain in effect for one school year, July 1 through June 30.

Signature of Student Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Nominal Participation Fee collected:  YES  NO  CASH  CHECK

Collected by: \_\_\_\_\_ Date: \_\_\_\_\_