

**STUDENT-ATHLETE AND PARENT PERMISSION
AND CONSENT FOR RANDOM DRUG TESTING**

Student-Athlete's Name (Please Print)

Date

I have read and understand the Gaston County School system's testing procedures and consent to the random testing any time during my four years of athletic eligibility that I am participating in a sport.

Student-Athlete's Signature

Date

I have read and understand the Gaston County School system's testing procedures and give my permission for my son/daughter to participate in the random drug testing program at any time during his/her four-year eligibility period when he/she is actively involved in a sport.

Parent/Legal Guardian's Signature

Date