

Mecklenburg County Public Schools
Student Participant
Pledge and Consent for Random Drug Testing Agreement

I, _____, have received a copy of the Mecklenburg County Public Schools' Student Substance Abuse and Drug Testing Regulation (JFC-R2) and pledge to abstain from use of any substance that would be in conflict with these policies. I understand if I choose to break this pledge I am responsible for the consequences of my actions as outlined in the Student Substance Abuse and Drug Testing Regulation (JFC-R2). If randomly chosen to represent my extracurricular activity, I agree to be drug tested in accordance with Mecklenburg County Public Schools' Student Substance Abuse and Drug Testing Regulation (JFC-R2).

Student / Participant Signature

Date

I have read, understand, and support Mecklenburg County Public Schools' Student Substance Abuse and Drug Testing Regulation (JFC-R2) as being necessary for the physical and mental well-being of my son / daughter as he/she pursues his/her career as a student in Mecklenburg County Public Schools choosing to participate in extracurricular activities. If randomly chosen, I give permission for my child to be drug tested in accordance with Mecklenburg County Public Schools' Student Substance Abuse and Drug Testing Regulation (JFC-R2)

Parent / Guardian Signature

Date