

**Due September 1 to Student Services**

**NOBLESVILLE HIGH SCHOOL  
VOLUNTARY DRUG TESTING PROGRAM CONSENT FORM**

**MUST BE COMPLETED IN INK.**

I understand in order to participate in extracurricular, or co-curricular activities, drive to and from school, attend dances, or Senior Honor Code; I agree to participate in the Noblesville High School Voluntary Drug Testing Program. This form only needs to be completed one time during your high school career.

I have received a description of the Noblesville High School Voluntary Drug Testing Program and I agree to participate in this program and to abide by its terms. I understand that Riverview Hospital WorkMed personnel under the supervision of Noblesville High School will conduct the testing program.

I further agree and consent to the disclosure of the sampling, testing and results provided for this program. The consent is given pursuant to all state and federal privacy statutes and according to the terms of the Noblesville High School Voluntary Drug Testing Program.

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Year of Graduation

\_\_\_\_\_  
Parent Signature

A positive test will result in exclusion from extracurricular and co-curricular activities, driving privileges, and Senior Honor Code privileges for 22 or 45 calendar days. After suspension period, a negative drug test (at the expense of the student) will be required.