

Exhibit A

HOMEDALE JT. SCHOOL DISTRICT #370
116 EAST OWYHEE AVE.
HOMEDALE, ID 83628

**Entire Student Activities Drug Testing policy can be viewed at
http://www.homedaleschools.org/district/drug_ed/drug_ed.htm**

**DRUG TESTING POLICY
GENERAL AUTHORIZATION FORM**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by Homedale Jt. School District #370 for the activity(ies) in which I participate.

I also authorize Homedale Jt. School District #370 to conduct an initial Rapid Eye Screening or urinalysis to test for drugs. I also authorize Homedale Jt. School District #370 to conduct random tests during the current school year. I authorize the release of information concerning the results of such a test to the Homedale Jt. School District #370 and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

PRINT Student's Name

Anticipated Year of Graduation

Student Signature

Date

I authorize Homedale Joint School District #370 to conduct the above random drug tests while my child is enrolled at Homedale High School. At any time I can rescind this permission by providing such notice, in writing, to the principal of Homedale High School. I understand that should I rescind such permission, my child will no longer be eligible to participate in activities as defined in Policy 8.09.

Parent/Guardian Name (print) _____

Parent/Guardian Signature

Date

PARENT/GUARDIAN COPY

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SCHOOL COPY