

REVISED: 2/22//00,  
REVISED:2/21/06  
Revised/Adopted: 8/20/07

MOUNTAIN VIEW SCHOOL DISTRICT #244  
EXHIBIT "A" STUDENT-PARENT/GUARDIAN  
DRUG TESTING AND ACTIVITY CODE CONSENT FORM

This form need not be signed every year, but after the first form is completed, it will be in effect for the student's entire enrollment in a Mountain View School District #244 high school. Future policy amendments will require parent/guardian notification and the appropriate signatures on a new notarized consent 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 standards, rules, and regulations set forth by Mountain View School District #244 Board of Trustees and the sponsors for the activity in which I participate.

I authorize Grangeville High School, or Clearwater Valley High School to conduct tests on urine specimens and/or saliva sample, which I provide, to test for drugs and alcohol use. I also authorize the release of information concerning the results of such a test to the principal at Grangeville High School, or Clearwater Valley High School, appropriate school personnel and to my parent or guardian.

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

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

\_\_\_\_\_  
Date

ACKNOWLEDGEMENT CERTIFICATE  
(INDIVIDUAL PERSONALLY KNOWN BY NOTARY)

State of Idaho \_\_\_\_\_ )

S.S.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_,

Before me \_\_\_\_\_, personally known to me to be the person(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she (they) executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, and the day and year in this certificate first above written.

\_\_\_\_\_  
Notary Public for Idaho

Residing at \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

ACKNOWLEDGEMENT CERTIFICATE  
(INDIVIDUAL PERSONALLY KNOWN BY NOTARY)

State of Idaho \_\_\_\_\_ )

S.S.

County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_,

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Residing at \_\_\_\_\_

My Commission Expires: \_\_\_\_\_