



COLUMBUS BREATHALYZER CONSENT FORM

1. We understand that a student's participation in extracurricular activities is a privilege, not a right.
2. We understand that the administration of a breathalyzer test to a student by a school official constitutes a search under Iowa law.
3. We understand that with this consent, a school official can administer a breathalyzer test to a student absent reasonable grounds to believe the student is under the influence of alcohol (i.e. looks, smells or acts intoxicated).
4. We understand that if a student tests positive for alcohol upon the administration of a second test, the student's parent or legal guardian will be notified to pick up that student, and the consequences will apply as outlined in the school's Code of Conduct.
5. We have received written notice of the school's intention to administer a breathalyzer test to each student upon admission to school-related functions.
6. We have received a copy of the Student Handbook and have read the amended Search and Seizure policy contained within it.
7. We are aware of the consequences of a student testing positive for alcohol upon admission to a school-related function.
8. We understand that each student must present this consent form in order to enter the school-related function and that students who either choose not to sign this consent form or forget to bring this consent form to the school-related function will NOT be allowed to enter.

WE HEREBY CONSENT TO THE ADMINISTRATION OF A BREATHALYZER TEST AS PART OF THE ADMISSION REQUIREMENTS FOR

Activity : _____

Date: _____

Student: _____

Parent / Guardian: _____

FAITH DISCIPLINE KNOWLEDGE SERVICE

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BLESSED SACRAMENT SCHOOL SACRED HEART SCHOOL SAINT EDWARD SCHOOL
BLESSED MARIA ASSUNTA PALLOTTA MIDDLE SCHOOL COLUMBUS CATHOLIC HIGH SCHOOL