

Tuscarawas Valley Local School District

**RANDOM DRUG TESTING OF STUDENTS
OPT-IN AGREEMENT**

Tuscarawas Valley Local School District is pleased to provide the opportunity for students to be included in the random drug testing program when they are not otherwise eligible through participation in school-sponsored athletics, extracurricular activities, special privileges, and/or parking permits.

The OPT-IN Random Student Drug Testing Program allows parents/guardians to request that non-eligible students be included in the student drug testing program. Results are 100% confidential and will be released by the building principal or superintendent only to the parent/guardian named on the consent form.

How the Program Works

1. The Opt-In program is available to any student in grades 7-12 enrolled in the Tuscarawas Valley Local School District.
2. The parent/guardian must read and sign the Opt-In Student Drug Testing Consent form below.
3. The student must also sign consent to participate in the program.
4. Signed agreements must be submitted to the school office.
5. Upon completion of testing, the building principal or superintendent will notify the parent/guardian of any positive test results. Results will not be released to any other party without written consent from the parent/guardian.
6. There will be no attempt to diagnose substance abuse problems. This program is intended only as a tool to be used by parents/guardians in making informed decisions about student substance abuse.

OPT-IN STUDENT RANDOM DRUG TESTING CONSENT

AS A STUDENT: I understand that I may be drug tested with the consent of my parent/guardian under the Opt-In Student Random Drug Testing program. I understand this agreement is binding while I am a student in the Tuscarawas Valley Local School District.

Student Name (please print)

Grade

Student Signature

Date

AS A PARENT/GUARDIAN: I understand that by signing this consent, I will permit Tuscarawas Valley Local Schools to perform random drug testing on my son/daughter, the results of which will be released to me by the building principal or superintendent.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Name (PLEASE PRINT)

Home Phone

Address

Work/Mobile Phone