

RANDOM DRUG TESTING OF STUDENTS INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____ Date of Birth _____

AS A STUDENT:

- I understand and agree that participation in extracurricular activities, special privileges and/or parking on school grounds is a privilege that may be withdrawn for violations of Board Policy 5530.01—Drug Testing of Students Involved in Non-Academic Activities, hereinafter Policy.
- I have read the Policy and the guidelines and thoroughly understand the consequences that I will face if I do not adhere to the Policy and/or Code of Conduct outlined in the Student-Parent Handbook.
- I understand that when I participate in athletics, any extracurricular activity, special privileges, and/or receive a parking permit, I will be subject to random drug testing. I understand that if I refuse, I will not be permitted to practice, participate in any extra-curricular activities and school events, special privileges, and/or park on school property during the school day. **I have read the consent on the reverse side of this form and agree to its terms.**
- I understand the Informed Consent Agreement, while initiated each school year, is binding for one calendar year while a student is enrolled with Tuscarawas Valley Local School District.

Student Signature

Date

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read Board Policy 5530.01—Drug Testing of Students Involved in Non-Academic Activities and understand the responsibilities of my son/daughter as a participant in athletic, extracurricular activities, special privileges, and/or parking privileges in the Tuscarawas Valley Local School District.
- I understand that my son/daughter, when participating in athletic, extracurricular activities, special privileges, and/or receiving a parking permit, may be subject to random drug testing. If my son/daughter refuses, he/she will not be permitted to practice, participate in any extra-curricular activities or school-sponsored events, special privileges, and/or park on school property during the school day. **I have read the consent on the reverse side of this form and agree to its terms.**
- I understand that I may only remove my son/daughter from the random drug testing program with signed, written consent addressed to the building principal. This decision will impact my son/daughter's continued participation in athletics, extra-curricular activities and school-sponsored events, special privileges, and ability to park on school property until a new Informed Consent Agreement is signed.
- I understand the Informed Consent Agreement, while initiated each school year, is binding for one calendar year while a student is enrolled with Tuscarawas Valley Local School District.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Name (PLEASE PRINT)

Home Phone and Cell Phone

**RANDOM DRUG TESTING OF STUDENTS
CONSENT TO SUBMIT TO RANDOM DRUG TESTING**

- ✓ We hereby consent to allow the student named on the front of this form to undergo testing for the presence of illicit drugs or banned substances in accordance with Board Policy 5530.01—Drug Testing of Students Involved in Non-Academic Activities, including but not limited to, the following tests:
 - Saliva swab
 - Urinalysis
 - Hair follicle
- ✓ We understand that the collection process will be overseen by a qualified third party administrator.
- ✓ We understand that any samples will be sent only to a certified medical laboratory for actual testing and that the samples will be coded to provide confidentiality.
- ✓ We hereby give our consent to the third party administrator selected by the Tuscarawas Valley Local School District, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform substance abuse testing for the detection of illicit drugs or banned substances.
- ✓ We further give permission to the third party administrator selected by the Tuscarawas Valley Local School District, its doctors, employees, or agents, to release all results of these tests to the Medical Review Office (MRO) working for the third party administrator. We understand these results will be forwarded to the building principal and/or designated official and will also be made available to the parent(s)/guardian(s).
- ✓ We understand that consent pursuant to this Informed Consent Agreement will be binding for all athletics, extra-curricular activities and school-sponsored events, special privileges, and parking privileges for the student for one calendar year while enrolled with Tuscarawas Valley Local School District.
- ✓ We understand that the third party administrator will be given our contact information and will contact us by telephone in the event of a positive result.
- ✓ We hereby release the Tuscarawas Valley Local Schools Board of Education, the third party administrator and its governing board, officers, employees, agents, and successors, in both their individual and official capacities, from any legal responsibility or liability for the release of such information and records.