

**Margaretta Local Schools Drug Testing Policy
INFORMED CONSENT AGREEMENT**

Student Name _____ Grade _____
(Please Print)

AS A STUDENT:

- I understand and agree that participation in athletic or extracurricular activities and parking on school grounds is a privilege that may be withdrawn for violations of the **Drug Testing Policy**, hereinafter **Policy**.
- I have read the **Policy** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Policy**.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any athletic program, extracurricular activity, and/or receive a parking permit, I will be subject to initial and random urine drug testing, and if I refuse, I will not be allowed to practice, participate or park. **I have read the consent on the reverse of this form and agree to its terms.**
- I understand this is binding while a student within the Margaretta Local School District.

Student Signature Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Drug Testing Policy** and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities and/or parking privileges in the Margaretta Local School District.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.
- I understand that my son/daughter/ward, when participating in athletics, extracurricular activities and/or receiving a parking permit, may be subject to initial and random urine drug testing, and if they refuse, will not be allowed to practice, participate, or park. **I have read the consent on the reverse of this form and agree to its terms.**
- I also understand that if my son/daughter/ward has completed their season and does not intend on participating in other activities and/or parking for the remainder of the year, I may remove them from the random program with a signed consent to Designated Official. Failure to do so is my consent to offer the deterrence of random drug testing for my son/daughter/ward until the end of the testing year.
- I understand this is binding while my son/daughter/ward is a student within the Margaretta Local School District.

Parent/Guardian/Custodian Signature Date _____

Parent/Guardian/Custodian Name (Please Print) Home Phone Work Phone

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Urine Drug Testing of Margareta Local School District Students** as approved by the Margareta Local School District Board of Education

We understand that the collection process will be overseen by a qualified vendor.

We understand that any urine 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 medical vendor selected by the Margareta Local School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Margareta Local School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.

We hereby release the Margareta Local School Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

The Margareta Board of Education wishes to thank **Firelands Regional Medical Center** for their support of this initiative through the "*Healthy Students Making Healthy Choices*" program.



READ CODE OF CONDUCT AND EXPECTATIONS ON REVERSE SIDE AND SIGN

Margaretta Local Schools

Confidentiality Statement for Random Urine Drug Testing Program

I, _____, acknowledge that I will be privileged to hear and see sensitive information related to results of random urine drug testing performed on students of Margaretta Local Schools. I pledge to keep any information given to me in strict confidence, and will only release this information to others as dictated by Board policy or with properly obtained permission of the student and parent/guardian/custodian.

Signature

Date