

GIRARD CITY SCHOOLS
CONSENT TO PARTICIPATE IN DISTRICT DRUG TESTING PROGRAM

We have received, read, and understand the Girard City Schools Board of Education Drug Testing Policy for students involved in non-academic activities. We agree that

(Name of student participant)

shall be subject to its terms for his/her entire junior/senior high school career. He/she will be tested for illicit drugs or banned substances in accordance with policy 5535 as approved by the Girard City Board of Education. We accept the method of obtaining specimens (urine samples), the testing and analysis of such specimen, and all other aspects of the program. The student participant agrees to cooperate in furnishing an onsite urine sample obtained by a district representative. We understand that the urine collection process will be conducted according to the procedures established by the testing company and that we have no control over when the drug screening will be administered.

We consent to be part of the Drug Testing Program which consists of an initial screening followed by entrance into a pool, selected randomly, for testing. We understand that my participation in athletics/and or extra-curricular activities, including obtaining a parking permit, is conditioned upon my entrance into the District Drug Testing Program.

We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program. We understand that any samples will be sent only to the contracted testing company for actual testing, and that the samples will be coded to provide confidentiality. This consent is given pursuant to all State and Federal privacy statutes, and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

We give consent to the testing company, their laboratory, doctors, employees or agents, together with any clinic, hospital or laboratory designated by them to perform testing for the detection of illicit drugs or banned substances. We release the Girard City School District Board of Education, its individual members, its employees, the testing company and its employees from any legal responsibility or liability for the release of such information and records.

We understand this consent remains in effect until the submission of a formal letter of request to withdraw from the program or upon my graduation or withdrawal from the Girard City Schools.

Student Name (printed): _____ Grade: _____

Student Signature: _____ Date: _____

Parent /Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____