

LAKWOOD LOCAL SCHOOL DISTRICT 2020-2021

Drug Testing Policy and Expectations

INFORMED CONSENT AGREEMENT

Student Name _____

Student Grade _____

All Athletics Participating In _____

Circle All Extracurriculars Participating in:

Flag Corp	Yes	No	Senior Class Officers	Yes	No	Quiz Bowl	Yes	No	Parking Permit	Yes	No
Drum Major	Yes	No	Junior Class Officers	Yes	No	Drama	Yes	No	Student Council	Yes	No

AS A STUDENT:

- I understand and agree that participation in athletics, extra-curricular activities and parking on school grounds is a privilege that requires me to comply with the District's Drug Testing Policy and Expectations. I also understand that that privilege may be withdrawn for violations of the **Drug Testing Policy and Expectations**, hereinafter **Drug Testing Policy**.
- I have read the **Drug Testing Policy** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Drug Testing Policy**.
- I understand and realize that there is risk of injury in participating in activities and driving to school.
- I understand that when I participate in any athletics or extra-curricular programs, and/ or receive a parking permit, I may be subjected 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 Lakewood 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 athletics, extra-curricular activities, and/or parking privileges in the Lakewood 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 and driving to school.
- I understand that, in order for my son/daughter/ward to participate in athletics, extra-curricular activities, and/or receiving a parking permit, he/she may be subjected to initial and random urine drug testing, and if he/she refuses, he/she will not be allowed to practice, participate, or receive a parking permit. I understand that there are consequences for a positive test, as described in the **Drug Testing Policy**. I have read the consent on the reverse of this form and agree to its terms.
- I understand that this is binding for one calendar year from the date of signature. Cost of this program is \$20.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Name (print)

Cell Phone

LAKWOOD LOCAL SCHOOL DISTRICT 2020-2021

Consent to Perform Urinalysis for Drug Testing

As a parent/guardian of a student enrolled in the Lakewood Local Schools, I hereby consent to allow the student named below to undergo urinalysis testing for the presence of illegal/illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Urine Drug Testing of Lakewood Local School District** as approved by the Lakewood Local School District Board of Education.

I understand that the collection process will be overseen by a qualified vendor and I accept the vendor's method of collection, analysis, and all other procedures controlled by the vendor.

I 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.

I hereby give my consent to the medical vendor selected by the Lakewood Local School District 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 illegal/illicit drugs or banned substances.

I further give permission to the medical vendor selected by the Lakewood Local School District Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. I understand these results will be forwarded to the Building Principal, shared with necessary administrators, and will also be made available to me.

I understand that consent pursuant to this **Informed Consent Agreement** will be effective for all athletics, extra-curricular activities, and parking privileges in which this student might participate is valid for one calendar year from the date of signature.

I hereby release the Lakewood Local School District Board of Education, the qualified vendor selected by the Lakewood Local School District Board, and their employees from any legal responsibility or liability for the release of such information and records.