

DOUGLAS COUNTY SCHOOL DISTRICT INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____ Date _____
Please Print Name

Sport/Activity _____

AS - A STUDENT:

- I understand and agree that participation in a cocurricular and/or extracurricular program is a privilege that may be withdrawn for violations of this Informed Consent Agreement.
- I have read the Informed Consent Agreement and understand the consequences that I will face if I do not honor my commitment to the Informed Consent Agreement.
- I understand and realize that there is always a risk of injury in participating in cocurricular and extracurricular activities.
- I understand that when I participate in the cocurricular and extracurricular program, I will be subjected to random suspicionless urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate. I understand that a refusal to test will be handled as a positive test. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding upon me while I am a student in the Douglas County School District.

 Please Print Name

 Student Signature

 Date

AS A PARENT/GUARDIAN:

- I have read the Informed Consent Agreement and understand the responsibilities of my son/daughter/ward as a participant in the Random Student Drug and Alcohol Testing Program in High School.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in cocurricular and/or extracurricular activities.

I understand that my son/daughter/ward, when participating in the cocurricular and/or extracurricular program, may be subjected to random, suspicionless urine drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in the activity. I understand that a refusal to test will be handled as a positive test. **I have read the consent on the reverse of this form and agree to its terms.**

- I understand this is binding while my son/daughter/ward is a student in the Douglas County School District.

 Please Print Name

 Parent/Guardian Signature

 Date

 Student Signature

**CONSENT TO PERFORM URINALYSIS
FOR DRUG AND ALCOHOL TESTING**

I/We, the parent(s)/guardian(s) of _____ (the "student") hereby consent to allow my/our student to undergo randomized urinalysis testing for the presence of illicit drugs, alcohol, or other banned substances in accordance with the "Policy and Procedure for Random Urine Drug and Alcohol Testing of Douglas County School District Students" as approved by the Douglas County School District Board of Trustees. I/We understand that a refusal to submit to testing will be handled as a positive test.

I/We understand that the collection process will be overseen by a qualified Vendor working under contract with the District.

I/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.

I/We hereby give our consent to the medical Vendor selected by the District, and to the Vendor's 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 such illicit drugs, alcohol, or other banned substances and to release all results of these tests to the Medical Review Officer (MRO) working for the medical Vendor. I/We understand these results will be forwarded to the school principal at the school in which this student is enrolled and will also be made available to us.

I/We understand that my/our consent pursuant to the separate "Informed Consent Agreement" will be effective for all cocurricular and extracurricular activities in which this student might participate during the current school year.

I/We hereby release the Douglas County School District, its Board of Trustees, SPORT SAFE Testing Service, Inc., and its employees from any legal responsibility or liability in connection with the collection of urine specimens, the testing of such specimens, and the records relating to such specimens.

**PLEASE ALSO READ AND SIGN THE REVERSE SIDE
"INFORMED CONSENT AGREEMENT"**

initial

Confidentiality Statement for Random Urine Drug and Alcohol Testing Program

I/We acknowledge that I/we will be privileged to hear and see sensitive information related to results of random urine drug and alcohol testing performed on my/our student in the Douglas County School District. I pledge to keep any information given to me in strict confidence.

initial

Student's Grade: _____

Student Attends: DHS GWHS CVMS PWLMS Other

Co-Curricular Parent/Legal Guardian and Student Acknowledgement

I have read the Douglas County School District (DCSD) Co-Curricular guidelines and agree to abide by the standards and guidelines contained herein.

IMPORTANT – Please read the following information and acknowledge with your signature below:

We understand that participation in high school co-curricular activities is a privilege, not a right, and that underage drinking and drug use is against the law. It is against the law to sell tobacco to people under the age of 18 and usage is against school policy. Substance abuse negatively impacts academic performance, and research indicates that early onset of alcohol use increases the occurrence of addiction in adulthood by four times. Alcohol and drug use interferes in learning processes, brain development. Because of these risks, and in addition to the laws of the State of Nevada, the NIAA, DCSD requires participants and parents to agree to the following:

1. We have read the NIAA/DCSD Drug, Alcohol and Tobacco Possession, Use and Abuse Penalties Policy and agree to abide by the policy as written.
2. We realize that a video and Power Point presentation regarding the policy is available and we have either seen this presentation or agree to waive the requirement of viewing the presentation. We also realize that a Power Point printout is available for parents and we have either seen the printout or agree to waive the requirement to review the printout.
3. We understand that we are encouraged to notify our school's Athletic Administrator/Director if our son/daughter violates this policy and/or the laws of the State of Nevada. It would also be acceptable for our child to self-report any violation of this policy to our school's Athletic Administrator/Director.
4. We understand that knowingly providing erroneous information during the course of an investigation of an alleged violation of the policy will result in a one calendar year suspension from all high school sponsored activities.
5. We realize that this rule is in effect upon our son/daughter having read the policy and having had an opportunity to review the videotape, and that the policy will be in effect for the entire time our son/daughter continues to participate in high school co-curricular activities, to and including graduation from high school.
6. We further acknowledge that once our son/daughter begins participation as a student in high school co-curricular activities that this policy remains in effect for every calendar school year during the course of their high school career and when directly involved in a school activity occurring at any time, regardless of whether our son/daughter is currently participating in a high school co-curricular activity.
7. We have reviewed the following NRS 202.020, Purchase, Consumption or Possession of Alcoholic Beverage by Minor, and understand the laws of Nevada and how they pertain to our family.
8. We understand that although it is not technically against the law to use tobacco in the State of Nevada (NRS 202.2493 and 202.24935 prohibits anyone from supplying a person under the age of 18 with any kind of tobacco product), we realize it is against this policy and general school policy, and that scientific evidence demonstrates it is unhealthy and a detriment to athletic performance.
9. We understand that we must also sign and adhere to the Informed Consent Agreement for participation in the Random Drug Testing Program (BP/AR 544).

We acknowledge that this form must be signed by both parent/legal guardian and our child before our son/daughter will be cleared for athletic competition at his/her high school.

Print Student's Name

Print Parent/Legal Guardian Name

Student's Signature

Parent/Legal Guardian Signature

Date

Date

Sport(s)