

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*I understand and agree that participation in a cocurricular and/or extracurricular program is a privilege that may be withdrawn for violations of this Informed Consent Agreement.*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 suspicion less 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, suspicion less 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