NOCS Informed Consent Agreement - Drug Testing

AS A STUDENT:

- I understand and agree that participation in co-curricular, athletic, and extra-curricular activities is a privilege that may be withdrawn for violations of the North Olmsted Drug Testing Policy.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 that when I participate in any NOCS non-graded co-curricular activity, request and secure a North Olmsted High School parking permit, or participate in the NOCS athletic program, I will be subject to initial and random urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities. I have read the informed consent agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the North Olmsted system.

Student Signature _____ Date _____

Student Printed Name _____ Graduation Year _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the North Olmsted City Schools drug testing policy and understand the responsibilities of my son/daughter as a participant in any NOCS non-graded co-curricular activity, request and secure a North Olmsted High School parking permit, or participate in athletic activities in the North Olmsted City School District.
- I pledge to promote healthy lifestyles for all student-athletes in the North Olmsted system.
- I understand that my son/daughter, when participating in any NOCS non-graded co-curricular activity, requests and secures a North Olmsted High School parking permit, and/or participates in the NOCS athletic program, they will be subject to initial and random urine drug and alcohol testing, and if he/she refuses, will not be allowed to practice, drive and park at school, or participate in any athletic activities. I have read the informed consent agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter is a participant in athletics in the North Olmsted City School District.

INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named on the reverse side to undergo urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Policy and Procedures for Drug Testing of the North Olmsted City School District.

We understand that testing will be administered in accordance with the guidelines of the North Olmsted City School District Drug Testing Policy for student athletes.

We understand that any sample taken for drug testing will be tested only by a Board approved company.

We hereby give our consent to the company selected by the North Olmsted Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform testing for the detection of drugs.

We further give our consent to the company selected by the North Olmsted Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

We hereby release the North Olmsted Board of Education, its employees or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and the Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

Parent/Guardian/Custodian Signature _____ Date _____

Parent/Guardian/Custodian Printed Name _____ Work Phone _____