

Alcohol/Drug Testing Consent Forms

STUDENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR ALCOHOL/DRUG TESTING

SCHOOL YEAR 20__-20__

The undersigned student and the student’s parent or legal guardian hereby acknowledge that they have read and understand the foregoing policy and agree to and are bound by the terms and conditions contained in the policy, including participation in related surveys.

The undersigned understand that this consent is effective for all teams/sports/organizations/on-campus drivers in which the student may participate for the entirety of the current school year. The undersigned understand that once enrolled in the testing pool the student agrees to remain in the testing pool for the entire school year.

The undersigned hereby permit the Healthcare Professionals/Lab selected by the Nelson County School District to perform drug testing of the student’s urine and release the results to the Principal of the school. Permission is also granted for the Principal to release drug testing results that are positive to the coaches or organizational advisors of teams in which the student is involved.

The undersigned agrees to cooperate with the school healthcare professional in the event a prescription medication is identified through the drug testing process.

Any refusal by a student participant to be tested shall be treated as a violation, and the appropriate sanctions will be assessed.

Do you give consent to leave a message at the phone number(s) listed below: Yes No

Print Student’s Full Name

Address

Student’s Signature

City/State/Zip

Date Signed Grade

Date of Birth School Attending

Print Parent/Guardian Name

Phone Number(s)

Parent/Guardian Signature

List sports or activities that require you to participate in the Student Drug Testing Program.

Alcohol/Drug Testing Consent Forms

VOLUNTARY PARTICIPANT CONSENT TO PERFORM URINALYSIS FOR ALCOHOL/DRUG TESTING

SCHOOL YEAR 20__-20__

The undersigned student and the student’s parent or legal guardian hereby acknowledge that they have read and understand the foregoing policy and agree to be bound by the terms and conditions contained in the policy, including participation in related surveys.

The undersigned understand that their participation is completely voluntary.

The undersigned hereby permit the Healthcare Professionals/Lab selected by the Nelson County School District to perform drug testing of the student’s urine and release the results to the Principal of the school and permit the Principal to release all drug testing results to the student’s parents and/or legal guardians.

Any refusal shall be treated as a violation and will be reported to the student’s parent, but no discipline may occur through this policy.

Print Student’s Full Name

Print Parent/Guardian Name

Student’s Signature

Parent/Guardian Signature

Date Signed

Review/Revised:8/18/09