

Amherst Exempted Village Schools 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 Amherst Exempted Village School District.

We understand that testing will be administered in accordance with the guidelines of the Amherst Exempted Village School District Drug Testing Policy for students participating in Extracurricular Activities, Athletic Teams, and/or Park their car on School Grounds.

We understand that any urine sample taken for drug testing will be tested only by a Board Approved Company.

We hereby give our consent to the company selected by Amherst Exempted Village School District Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform urinalysis testing for the detection of drugs.

We further give our consent to the company selected by the Amherst Exempted Village School District Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We understand that those 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 Amherst Exempted Village School District 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.

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Student Name: _____

Grade: _____

As a Student:

- I understand and agree that participation in Extracurricular Activities, on Athletic Teams, and/or Parking my car on school grounds are privileges that may be withdrawn for violations of the Amherst Exempted Village Schools Drug Testing Policy.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 Extracurricular Activities, on Athletic Teams, and/or park my car on school grounds, I will be subject to initial and random urine drug & alcohol testing. If I refuse, I will not be allowed to practice, participate, and/or park my car on school grounds. 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 Amherst Exempted Village School District.

Student Signature

Date

As a Parent/Guardian/Custodian:

- I have read the Amherst Exempted Village School District drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in Extracurricular Activities, Athletic Teams, and/or one who parks their car on school grounds in the Amherst Exempted Village School District.
- I pledge to promote healthy lifestyles for all students in the Amherst Exempted Village School District.
- I understand that my son/daughter/ward, when participating in Extracurricular Activities, Athletic Teams, and/or parking their car on school grounds, will be subject to initial and random urine drug and alcohol testing. If he/she refuses, he/she will not be allowed to practice, participate, and/or park their car on school grounds. I have read the Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a participant in Extracurricular Activities, Athletic Teams, and/or parks their car on school grounds in the Amherst Exempted Village School District.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Printed Name

Phone