

## **Consent to Participate in the District Drug Testing Program**

I have received, read, and understand the Jackson-Milton Student Drug Testing Policy. I agree that my student shall be subject to its terms for his/her entire high school career. He/She will be tested for the presence of illicit drugs or banned substances in accordance with policies as approved by the Jackson-Milton Board of Education. We accept the method of obtaining specimens (urine samples), the testing and analysis of such specimens, and all other aspects of the program. The student-participant agrees to cooperate in furnishing a specimen for testing to a Designated Representative. We understand that the collection process will be conducted according to the procedures established by the testing company and that we have no control over when the drug screening will be administered.

We consent to be part of the Drug Testing Program, which will consist of random, unannounced testing throughout the school year. We understand that participation in athletics, extra-curricular activities, as well as the ability to park on campus, is conditioned upon entrance into and compliance with all facets of the District Drug Testing Program.

We further agree and consent to the disclosure of sampling, testing and results to school administration. We understand that any samples will be sent only to the contracted testing company for actual testing, and that the samples will be coded to provide confidentiality. This consent is given pursuant to all State and Federal privacy statutes and is a waiver of nondisclosure rights only to the extent of the disclosures required in the program.

We give our consent to the testing company, their laboratory, doctors, employees or agents, together with any clinic, hospital or laboratory designated by them to perform testing for the detection of illicit drugs or banned substances. We release the Jackson-Milton Board of Education, the testing company, and its employees from any legal responsibility or liability for the release of such information and records.

We understand this consent remains in effect until the submission of a formal letter of request to withdraw from the program or upon graduation or withdrawal from the Jackson-Milton Local School District

Student Name (printed): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_