



**CANFIELD LOCAL SCHOOLS**  
**Student Drug Testing**  
**Informed Consent Agreement**  
**K-12 Opt-in**

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 **Canfield Local School District**.

We understand that testing will be administered in accordance with the guidelines of the **Canfield Local School District** drug testing policy for qualifying activities.

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 the **Canfield Local 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 **Canfield Local School District** Board of Education, its employees, or agents, to release all results of these tests directly to us, the parent/guardian.

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

We hereby release the **Canfield Local 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 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.

*See Reverse to Complete Consent Form*

**Canfield Local Schools  
Informed Consent Agreement  
K-12 Opt-in**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**As a Student:**

- I understand and agree to participation in in the K-12 Opt-in program as part of the Canfield Local Schools’ drug testing policy.
- I have read the drug testing policy and thoroughly understand the policy.
- I understand that if I elect to participate in a qualifying activity that I will no longer be part of the K-12 Opt-in program.
- I understand this agreement is binding while I am a student in the Canfield Local School District.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**As a Parent/Guardian/Custodian:**

- I have read the Canfield Local Schools’ drug testing policy and understand the K-12 Opt-in option with the Canfield Local School District.
- I pledge to promote safe and healthy lifestyles for all students in the Canfield Local School District.
- I understand that my son/daughter/ward, when participating in any qualifying program, will no longer be considered Opt-in and will be subject to an initial and random urine drug and/or alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any qualifying activities. I have read the Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is in the Canfield Local School District.
- I understand that as an Opt-in participant I am fully responsible for costs incurred.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Work/Cell Phone