

**WADSWORTH CITY SCHOOL DISTRICT  
INFORMED CONSENT AGREEMENT**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in athletics, extracurricular activities not tied to an academic grade, and the ability to purchase a parking pass is a privilege that may be withdrawn for violations of Wadsworth City School District's policies, guidelines, and handbooks including, but not limited to, the Wadsworth City School District Random Alcohol, Drug and Nicotine Testing Policy.
- I have read Wadsworth City School District Board of Education Policy 5512.01, Random Alcohol, Drug and Nicotine Testing of Wadsworth City School District Students, and thoroughly understand the consequences that I will face if I do not honor my commitment to the Policy.
- I understand that when I participate in any athletic program, any extracurricular activity not tied to an academic grade, or when I purchase a parking pass, I will be subject to initial and random urine alcohol, drug, and nicotine testing, and if I refuse, I will not be allowed to practice or participate in any athletic or extracurricular activities not tied to a grade and I will not be permitted to purchase a parking pass and/or drive to school. I have read the Informed Consent Agreement and agree to its terms.
- I further understand that I may be subjected to certain penalties including, but not limited to, denial of participation in any athletic or extracurricular activities not tied to a grade and I will not be permitted to purchase a parking pass and/or drive to school, if I test positive for any substances banned by the Wadsworth City School District Board of Education.
- I have read the Informed Consent Agreement and agree to its terms – including the disclosure of personally identifiable information necessary to implement the drug testing program.
- I understand this agreement is binding while I am a student in the Wadsworth City School District.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- I have read Wadsworth City School District Board of Education Policy 5512.01, Random Alcohol, Drug and Nicotine Testing of Wadsworth City School District Students, and understand the responsibilities of my son/daughter/ward as a participant in athletic activities, extracurricular activities not tied to an academic grade, and the ability to purchase a parking pass and/or drive to school in the Wadsworth City School District.
- I further understand that my son/daughter/ward, when participating in any athletic program, any extracurricular activity not tied to an academic grade or when purchasing a parking pass enabling him/her to drive to school will be subject to initial and random urine alcohol, drug, and nicotine testing, and if he/she refuses, will not be allowed to practice or participate in any athletic or

extracurricular activities not tied to a grade and will not be permitted to purchase a parking pass and/or drive to school. I have read the Informed Consent Agreement and agree to its terms.

- I further understand that my son/daughter/ward may be subjected to certain penalties including, but not limited to, denial of participation in any athletic or extracurricular activities not tied to a grade and will not be permitted to purchase a parking pass and/or drive to school, if he/she tests positive for any substances banned by the Wadsworth City School District Board of Education.
- I have read the Informed Consent Agreement and agree to its terms – including the disclosure of personally identifiable information necessary to implement the drug testing program.
- I understand this agreement is binding while my son/daughter/ward is a participant in athletics or extracurricular activities not tied to a grade and/or purchases a parking pass and/or drives to school in the Wadsworth City School District.

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PARENT/GUARDIAN/CUSTODIAN SIGNATURE

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DATE

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PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

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PHONE

### **INFORMED CONSENT AGREEMENT**

We hereby consent to allow the student named on the reverse side to undergo urinalysis testing for the presence of illicit alcohol, drugs, and nicotine in accordance with Wadsworth City School District Board of Education Policy 5512.01, Random Alcohol, Drug and Nicotine Testing of Wadsworth City School District Students.

We understand that testing will be administered in accordance with the guidelines of the Wadsworth City School District Drug Testing Policy for students.

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

We hereby give our consent to the company selected by the Wadsworth City School Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform urinalysis testing for the detection of alcohol, drugs and nicotine.

We further give our consent to the company selected by the Wadsworth City School 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 Wadsworth City School Board, its employees or agents from any legal responsibility or liability related to the implementation of the policy for the drug testing of students and 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.