

DOUGLAS COUNTY SCHOOL DISTRICT INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____ Date _____
Please Print Name

Sport/Activity _____

AS A STUDENT:

- I understand and agree that participation in a cocurricular and/or extracurricular program is a privilege that may be withdrawn for violations of this Informed Consent Agreement.
- I have read the Informed Consent Agreement and understand the consequences that I will face if I do not honor my commitment to the Informed Consent Agreement.
- I understand and realize that there is always a risk of injury in participating in cocurricular and extracurricular activities.
- I understand that when I participate in the cocurricular and extracurricular program, I will be subjected to random suspicionless urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate. I understand that a refusal to test will be handled as a positive test. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding upon me while I am a student in the Douglas County School District.

Please Print Name

Student Signature

Date

AS A PARENT/GUARDIAN:

- I have read the Informed Consent Agreement and understand the responsibilities of my son/daughter/ward as a participant in the Random Student Drug and Alcohol Testing Program in High School.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in cocurricular and/or extracurricular activities.

I understand that my son/daughter/ward, when participating in the cocurricular and/or extracurricular program, may be subjected to random, suspicionless urine drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in the activity. I understand that a refusal to test will be handled as a positive test. **I have read the consent on the reverse of this form and agree to its terms.**

- I understand this is binding while my son/daughter/ward is a student in the Douglas County School District.

Please Print Name

Parent/Guardian Signature

Date

Student Signature

SAMPLE