

**CAMPBELL COUNTY SCHOOL DISTRICT
INFORMED CONSENT AGREEMENT**

Student Name _____

Grade _____

As a student and parent:

- We understand and agree that participation in competitive interscholastic programs is a privilege that may be withdrawn for violations of the Drug Testing Policy.
- We have read the Drug Testing Policy and thoroughly understand the responsibilities and consequences as an Activity Participant in Campbell County School District.
- We understand and realize that there is risk of injury in participating in competitive interscholastic programs.
- We understand that during any competitive interscholastic program, the first date of practice to the conclusion of the culminating event (championship), in which students participate, they will be subjected to random urine testing or hair follicle testing. If the student refuses to be tested, they will not be allowed to practice or participate in any competitive interscholastic programs. We have read the consent statement and agree to its terms.
- We understand that if a coach/sponsor has reasonable suspicion that a participant is using a controlled substance, the coach/sponsor must report the information to the building AD or designee. If the AD or designee determines a drug test should be administered, parents will be contacted prior to the actual testing. If the drug test is refused, the student will not be allowed to practice or participate in any competitive interscholastic programs.
- We understand this is binding while a student is enrolled in Campbell County School District.

CONSENT TO PERFORM DRUG TESTING

- We hereby consent to allow the student named on this form to undergo urinalysis or hair follicle testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedure for Random Drug Testing of Campbell County School District Students Participating in Competitive Interscholastic Programs, as approved by the Campbell County School Board.
- We understand that the collection process will be overseen by a quality vendor.
- We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.
- We hereby give our consent to the medical vendor selected by the Campbell County School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis or hair follicle testing for the detection of illicit drugs or banned substances.
- We further give permission to the medical vendor selected by the Campbell County School Board, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Superintendent or designee and will also be made available to us.
- We understand that consent pursuant to this Informed Consent Agreement will be effective for all competitive interscholastic programs in which this Activity Participant might participate during the current school year.
- We hereby release the Campbell County School Board of Education and its employees from any legal responsibility or liability for the release of such information and records, pursuant to the policy.

Student Signature

Date

Parent/Guardian Signature

Date