

**OUACHITA PARISH SCHOOL BOARD
STUDENT DRUG TESTING CONSENT FORM**

PARENT

I understand that the Ouachita Parish School Board has a policy against the possession, use, sale, or transfer of illegal drugs. I further understand that the Ouachita Parish School Board has adopted a drug testing program for students as one method of implementing the policy. As a parent and/or guardian, I consent to have my child participate in the drug testing program, to have my child tested, and to have the results released by the drug testing laboratory to the school administrator designated by the Ouachita Parish School Board.

I indemnify and hold harmless the Ouachita Parish School Board, the laboratory, their employees, agents, and representatives from any and all liabilities arising from the authorized release or use of the information derived from or contained in my child's confidential test results.

Should my child test positive and such results are validated as positive by a confirmation test, I acknowledge that my child will be disciplined according to standards set forth in the policy. I am aware that I will be notified of my child's test results, whether negative or positive.

STUDENT

As a student, I consent to participate in the drug testing program, to be tested, and to agree to all standards of the Ouachita Parish School Board Student Drug Testing Policy.

Student's Name _____ School _____
(Please Print)

Student Signature _____ Date _____

Student Social Security # _____ Grade _____

Please check your status with the student drug testing program:

Athlete (list sports participating) _____

Cheerleader _____ Dance/Drill Team _____ Band (performance group) _____

Choir (performance group) _____ Volunteer _____

Parent's Name _____ Phone # _____
(Please Print)

Parent's Signature _____

Parent Address _____

**Please list any medication the student is/has been taking and designate the prescribing physician

Medications: _____

Physician: _____ Physician Phone #: _____