



Napoleon Jr./Sr. High School Athletic Department

NAPOLEON AREA CITY SCHOOLS STUDENT DRUG/ALCOHOL TESTING INFORMED CONSENT AGREEMENT

STUDENT NAME _____

GRADE _____

AS A STUDENT:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Napoleon Area City Schools' Student Drug/Alcohol Testing Policy.
- I have read the Student Drug/Alcohol Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Student Drug/Alcohol Testing Policy.
- I understand that when I participate in any covered program I will be subject to initial and random drug & alcohol testing, and if I refuse, I will not be allowed to practice or participate in any covered program activities. I have read the informed consent agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the Napoleon Area City School system.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Napoleon Area City School district Student Drug/Alcohol testing policy and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Napoleon Area City School district.
- I pledge to promote healthy lifestyles for all student athletes in the Napoleon Area City School system.
- I understand that my son/daughter/ward, when participating in any covered program, will be subject to initial and random urine drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any covered 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 a participant in co-curriculars and athletics in the Napoleon Area City School district.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

WORK PHONE

INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named on the reverse side to undergo drug testing for the presence of illicit drugs, alcohol, or banned substance in accordance with Policy and Procedures for Drug/Alcohol Testing of the Napoleon Area City School District.

We understand that testing will be administered in accordance with the guidelines of the Napoleon Area City School District Drug/Alcohol Testing Policy for student athletes participating in a covered activity.

We understand that any 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 Napoleon Area City School Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform testing for the detection of drugs.

We further give our consent to the company selected by the Napoleon Area City School Board of Education, its employees, or agents, to release all results of these tests to designated Napoleon Area City 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 Napoleon Area City School 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 a 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.

Student Drug/Alcohol Testing Policy is available at
http://www.napoleonareaschools.org/userfiles/3/my%20files/5530.01%20student%20drug_alcohol%20testing.pdf?id=605.