

EXHIBIT A UNIFIED SCHOOL DISTRICT 382 INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____

READ INFORMED CONSENT AGREEMENT BELOW. IN ORDER TO PARTICIPATE IN ACTIVITIES, STUDENTS/PARENTS MUST SIGN PRIOR TO PARTICIPATION, OR BY SEPTEMBER 1ST

We hereby consent to allow the student named on the top of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Policy for Random Urine/Saliva Drug Testing of USD 382 Students Involved in School Activities Grades 9-12 (policy can be read on-line at www.usd382.com) as approved by the Pratt Unified School District Board of Education. We understand that a qualified vendor will oversee the collection process. We understand that any urine/saliva 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 Pratt USD 382 Board of Education, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform saliva/urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Pratt USD 382 Board of Education, 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 Building Principal and will also be made available to us. We understand that consent pursuant to this Informed Consent Agreement will be effective for all activities as defined by board policy in which this student might participate during the current school year.

AS A STUDENT: - I understand and agree that participation in school sponsored school activities is a privilege that may be withdrawn for violations of the **Policy for Random Urine/Saliva Drug Testing of USD 382 Students Involved in School Activities Grades 9-12.**

- I have read the **Policy for Random Urine/Saliva Drug Testing of USD 382 Students Involved in School Activities Grades 9-12** (policy can be read on-line at www.usd382.com), and understand the consequences that I will face if I am selected for a random drug test and have a positive test result.
- I understand and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any school sponsored extracurricular activity as defined in Board Policy, I may be subjected to initial drug testing and will be subject to random urine/saliva drug testing, and if I refuse, I will not be allowed to practice, or participate in any school sponsored extracurricular activity. I have read the consent on the top of this form and agree to its terms.
- I understand this is binding while a student in **USD 382.**

Student Signature _____ Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Policy for Random Urine/Saliva Drug Testing of USD 382 Students Involved in School Activities Grades 9-12** (policy can be read on-line at www.usd382.com), and understand the responsibilities of my son/daughter/ward as a participant in school sponsored extracurricular activities in **USD 382**.

- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.

- I understand that my son/daughter/ward, when participating in school sponsored extracurricular activities as defined in Board Policy, may be subjected to initial and random urine/saliva drug testing, and if they refuse, will not be allowed to practice or participate in any extracurricular activities. I have read the consent on the top of this form and agree to its terms.

-I understand this is binding while my son/daughter/ward is a student in **USD 382**.

_____ Date _____
Parent/Guardian/Custodian Signature

Parent/Guardian/Custodian Name (print)

**EXHIBIT C RELEASE OF INFORMATION FORM FOR MEDICAL REVIEW OFFICER
(TOP PORTION MUST BE FILLED OUT PRIOR TO PARTICIPATION OR BY SEPT. 1ST)**

Student name _____

I, _____, understand I am submitting to a urine/saliva drug screen for USD 382 school system. If needed, I give permission for the Medical Review Officer to contact my parent/guardian/custodian regarding results and verify any prescription medicine I may be taking at the time of the drug screen collection. Contact information listed below.

Name of Parent/Guardian/Custodian: _____

Relationship: _____ Student Identification # _____
(Mother/Father/Guardian Etc) will be used by MRO for verification process.

Daytime phone _____ Evening phone _____

Student Consent (To be filled out at the time of drug screening)

Date	Signature	Witness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____