

VAN BUREN INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named above to undergo urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Program and Procedures for Drug Testing of the Van Buren School District.

We knowingly understand, acknowledge and agree that testing will be administered in accordance with the guidelines of the Van Buren School District Drug Testing Program for students.

We knowingly understand, acknowledge and agree that any urine sample taken for drug testing will be tested only by a School Board approved company.

We hereby give our consent to the company selected by the Van Buren School Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform urinalysis testing for the detection of drugs. We further give our consent to the company selected by the Van Buren School Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We knowingly understand and acknowledge that these results will also be available to us upon request.

I, the student, by checking above, hereby authorize the release of the results of such testing to my parent/guardian.

We hereby release the Van Buren 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 a required by law.

AS A STUDENT:

- I knowingly acknowledge, understand and agree that participation in school activities is a privilege that may be withdrawn for violations of the Van Buren Drug Testing program.
- I have read the Drug Testing Program and thoroughly understand and agree to the consequences that I will face if I do not honor my commitment to the Drug Testing Program.
- I knowingly understand, acknowledge, and agree that when I participate in any school program I will be subject to urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate in any school activities. I have read, understand, acknowledge, and agree to the Informed Consent Agreement and its terms.
- I knowingly understand and acknowledge that this agreement is binding while I am student in the Van Buren School System.

AS A PARENT/GUARDIAN:

- I knowingly understand, acknowledge and agree to the Van Buren School district drug testing program and agree to the responsibilities of my son/daughter/ward as a participant in school activities in the Van Buren School District.
- I pledge to promote healthy lifestyles for all students in the Van Buren System.
- I understand, acknowledge, and agree that my son/daughter/ward, when participating in any school program, will be subject to drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any school activities. I understand, acknowledge, and agree to the Informed Consent Agreement and agree to its terms.
- I understand and acknowledge that this agreement is binding while my son/daughter/ward is a participant in school activities in the Van Buren School District.