

(Please return this page and DRUG TESTING FEE; retain the Athletic Policy for your use.)

ATHLETE / PARENT CONFIRMATION FORM

ONTARIO LOCAL SCHOOLS CODE OF CONDUCT AND EXPECTATIONS INFORMED CONSENT AGREEMENT

Student Name: _____ Grade: _____ Graduation year: _____
(Please Print)

Student ID # (lunch code): _____ sex: M F

AS A STUDENT:

- I understand and agree that participation in athletics is a privilege that may be withdrawn for violations of the **Ontario Local School District Athletic Policy**, hereinafter **Athletic Policy**.
- I have read the **Athletic Policy** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Athletic Policy**.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any athletic program, I will be subjected to random urine drug testing, and if I refuse, I will not be allowed to practice or participate. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student within the Ontario Local Schools.
- **I understand that a nonrefundable annual DRUG TESTING FEE of \$ 25.00 must be included with this consent agreement.**

Student Signature Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Athletic Policy** and understand the responsibilities of my son/daughter/ward as a participant in athletic privileges in the Ontario Local School District.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletics.
- I understand that if my son/daughter/ward has completed their season and has formally indicated in writing his/her intent to no longer participate in other athletics for the remainder of the year, I may remove them from the random program with a signed consent to the Designated School Official. Failure to do so is my consent to offer the deterrence of random drug testing for my son/daughter/ward until the end of the testing year.
- I understand that my son/daughter/ward, when participating in athletics, may be subjected to random urine drug testing, and if they refuse, will not be allowed to practice or participate. I have read the consent on the reverse of this form and agree to its terms.
- I understand that a positive test requires three follow-up tests and payment for same prior to reinstatement.
- I understand this is binding while my son/daughter/ward is a student within the Ontario Local School District.
- **I understand that a nonrefundable annual DRUG TESTING FEE of \$ 25.00 must be included with this consent agreement**

Parent/Guardian/Custodian Signature Date _____

Parent/Guardian/Custodian Name (print) Home Phone Work Phone Cell Phone

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Urine Drug Testing of Ontario Local Schools Students** as approved by the Ontario Local Schools Board of Education.

We understand that the collection process will be overseen by a qualified 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 Ontario Local School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Ontario Local 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 Designated School Official and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.

We hereby release the Ontario Local School Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

READ THE ONTARIO LOCAL SCHOOL DISTRICT ATHLETIC POLICY AND EXPECTATIONS ON REVERSE SIDE AND SIGN!

Confidentiality Statement for Random Urine Drug Testing Program

The Drug Testing Coordinator acknowledges that he/she will be privileged to hear and see sensitive information related to results of random urine drug testing performed on students of Ontario Local Schools. He/she pledges to keep any such information in strict confidence, and will only release this information to others as dictated by Board policy or with properly obtained permission of the student and parent/guardian/custodian.