# FILE: JJIE-E

# STUDENT DRUG TESTING CONSENT FORM

**Student name:** **Campus:**

Participation in interscholastic athletics is a privilege. Drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in interscholastic athletics. For the safety, health, and well-being of all students, the Orangeburg County School District has established policy JJIE, *Interscholastic Athletics/Drug Testing*, to provide for student drug testing *(a) as part of each student’s annual physical for eligibility for participation in interscholastic athletics; (b) as chosen by random selection throughout the school year; and c) at any time requested based on reasonable suspicion.*

Each student seeking the privilege of participating in interscholastic athletics and his or her parent/legal guardian are required to sign this written consent for drug testing prior to the student being allowed to participate in such activity. This consent will permit the district to test a student’s urine samples for a variety of commonly abused drugs in accordance with policy JJIE.

This consent form, once signed, will remain in force until the end of the school year or until such time as it is retracted in writing. Therefore, a student may be selected for a random drug test, or otherwise be asked to submit to a drug test in accordance with policy JJIE, during his/her offseason.

**PARENT/LEGAL GUARDIAN CONSENT TO**

**TESTING OF URINE SAMPLES AND**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I have received and have read and understand Orangeburg County School District’s policy JJIE, *Interscholastic Athletics/Drug Testing*. Because my child desires to participate in interscholastic athletics, I understand that my child may be asked to provide a urine sample for drug analysis. I consent to such testing as part of the district’s drug and alcohol testing policy. I accept and consent to the method of obtaining urine specimens, testing, and analysis of such specimens, as well as to all other aspects of the district’s drug and alcohol testing policy.

I understand my child’s participation in interscholastic athletics in Orangeburg County School District is a privilege which may be withdrawn at any time for violation of district policy JJIE, *Interscholastic Athletics/Drug Testing*. I understand that while my child cannot be compelled to produce a specimen, the giving of a specimen when requested by the district is a condition of my child’s continuing to participate in interscholastic athletics. I understand that refusal to submit to a test will have the same consequence as if my child had tested positive. I understand that if a test of my child’s specimen reveals an unexplained presence of a drug or alcohol, the district may withdraw the privilege of participating in interscholastic athletics in accordance with district policy.

I authorize the officers, employees, and agents of the district to communicate and share information with each other regarding my child’s drug test sampling, testing, and results both orally and in writing. The district may also communicate such information at any administrative proceeding regarding my child’s drug test.

**CONSENT of Parent/Legal Guardian**: I confirm that I have read and understand the information contained herein. I so consent.

**Parent/Legal guardian printed name:**

**Parent/Legal guardian signature:**  **Date:**

**STUDENT CONSENT TO**

**TESTING OF URINE SAMPLES AND**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I have received and have read and understand Orangeburg County School District’s policy JJIE, *Interscholastic Athletics/Drug Testing*. Because I desire to participate in interscholastic athletics, I understand that I may be asked to provide a urine sample for drug analysis. I consent to such testing as part of the district’s drug and alcohol testing policy. I accept and consent to the method of obtaining urine specimens, testing, and analysis of such specimens, as well as to all other aspects of the district’s drug and alcohol testing policy.

I understand my participation in interscholastic athletics in Orangeburg County School District is a privilege which may be withdrawn at any time for violation of district policy JJIE, *Interscholastic Athletics/Drug Testing*. I understand that while I cannot be compelled to produce a specimen, the giving of a specimen when requested by the district is a condition of my continued participation in interscholastic athletics. I understand that refusal to submit to a test will have the same consequence as if I had tested positive. I understand that if a test of my specimen reveals an unexplained presence of a drug or alcohol, the district may withdraw the privilege of participating in interscholastic athletics in accordance with district policy.

I authorize the officers, employees, and agents of the district to communicate and share information with my parent/legal guardian and with each other regarding my drug test sampling, testing, and results both orally and in writing. The district may also communicate such information at any administrative proceeding regarding my drug test.

**CONSENT of Student**: I confirm that I have read and understand the information contained herein. I so consent.

**Student printed name: Grade:**

**Student signature:**  **Date:**

**RELEASE FROM LIABILITY**

We hereby release, indemnify, and hold harmless Orangeburg County School District, the Orangeburg County Board of Trustees, and its agents, servants, employees, and representatives from any and all claims, causes of action, or liabilities resulting from drug testing procedures, the authorized release or use of the information obtained therefrom, any actions related to or caused by any student’s drug test result, and any and all disciplinary decisions resulting therefrom. We attest that the student named herein is drug-free and physically fit to participate in extracurricular activities.

**Student signature:**  **Date:**

**Parent/Legal guardian signature:**  **Date:**

Contact information for the district’s testing vendor:

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**