



**SWANTON SCHOOLS INFORMED CONSENT AGREEMENT**

**\*Need to be turned into Coach/Athletic Director/Advisor before participating in athletics or extracurricular activities\***

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in athletic or extracurricular activities and/or driving is a privilege that may be withdrawn for violations of the SWANTON Schools Drug Testing Policy.
- I have read the Drug Testing Policy and understand the consequences that I will face if I violate Drug Testing Policy. I understand that when I participate in any student privileges (athletics, extracurricular programming, and student driving) I will be subject to initial and random urine drug & alcohol testing, and if I refuse, I will not be allowed to practice or participate in any athletic and extracurricular activities or drive to school.
- 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 SWANTON school system.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- I have read the SWANTON school district drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in athletic or extracurricular activities or driving in the SWANTON school district.
- I pledge to promote healthy lifestyles for all student athletes, drivers, and students who participate in extracurricular activities in the SWANTON school system.
- I understand that my son/daughter/ward, when participating in any student privileges (athletics, extracurricular programming, and student driving), 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 athletic 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 athletics/extracurriculars/driving in the SWANTON 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 urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Policy and Procedures for Drug Testing of the SWANTON School District.

We understand that testing will be administered in accordance with the guidelines of the SWANTON School District Drug Testing Policy for student athletes, drivers, and students who participate in extracurricular activities.

We understand that any urine sample taken for drug testing will be tested only by a Board approved laboratory.

We hereby give our consent to the company selected by the SWANTON 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 SWANTON Board of Education, its employees, or agents, to release all results of these tests to designated 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 SWANTON School Board or 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.

\_\_\_\_\_  
PARENT/GUARDIAN/CUSTODIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT GUARDIAN/CUSTODIAN PRINTED NAME

\_\_\_\_\_  
WORK PHONE