

# **ORANGEVILLE SCHOOL DISTRICT #203**

## **CONSENT TO PARTICIPATE IN EXTRACURRICULAR DRUG AND ALCOHOL TESTING PROGRAM**

I wish to try out for and/or participate in school sponsored extracurricular activities. I have read and understand the Extracurricular Drug and Alcohol Testing Program and agree to follow the said Program and procedures, including being subjected to random testing as a condition of participation in extracurricular activities. I understand that if I disobey the rules, I will be excluded from the opportunity to participate in extracurricular activities. I understand that I should ask Orangeville High School and staff if I have any questions about the Program or results.

I accept the method of obtaining urine samples, testing and analyses of such specimens, and all other aspects of the Program. I agree to cooperate in furnishing such urine samples that may be required at random times. I further agree and consent to the disclosure of the sampling, testing, and results as provided for in this Program to the administration. This consent is given pursuant to all State and Federal Privacy statues and is a waiver of rights to non-disclosure of such test records and results only to the extent such disclosure is authorized by this Program. This consent is valid for the current school year.

I authorize medical staff to take a sample of my urine for the purpose of performing tests and otherwise screen the sample obtained from me for the presence of drugs, alcohol, tobacco, or other chemical substances. Also, I authorize the medical staff and laboratory to release the results of the testing, regardless of whether the results are negative or positive, to the administration of Orangeville School District #203.

I agree to participate in this Program and release the testing organization/certified lab, Orangeville School District #203, and any of their employees, agents, and assigns from any liability arising out of my participation in this Program.

I understand that costs for random tests and required retests will be paid for by the District. Retesting at the request of/by the student or parent/guardian will be paid for at their expense.

Student Participant \_\_\_\_\_ Grade \_\_\_\_\_

Student Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_