

**KEYSTONE HIGH SCHOOL
INFORMED
CONSENT AGREEMENT**

STUDENT NAME _____ GRADE _____

AS A STUDENT:

- I understand and agree that participation in athletic activities, extra-curricular activities, and parking and driving are privileges that may be withdrawn for violations of the Keystone Local School District's Drug Testing Policy.
- I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy.
- I understand that when I participate in any athletic program, extra-curricular activity, or have parking or driving privileges, I will be subject to initial and random urine drug and alcohol testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities, extra-curricular activities, or be permitted to park or drive on school grounds. 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 Keystone Local School system.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Keystone Local School district drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in athletic and extracurricular activities in the Keystone Local School District.
- I pledge to promote healthy lifestyles for all students in the Keystone Local School District.
- I understand that my son/daughter/ward, when participating in any athletic program, extra-curricular activity, or have parking or driving privileges, 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, extracurricular activities, or be permitted to park or drive on school grounds.
- 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, extracurricular activities and or driving or parking privileges in the Keystone Local School District.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

CELL OR WORK PHONE

INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named on the first page of this document 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 Keystone Local School District.

We understand that testing will be administered in accordance with the guidelines of the Keystone Local School District's Drug Testing Policy for student athletes, extracurricular participants, or drivers on school grounds.

We understand that any urine sample taken for drug testing will be tested only by a company approved by the Keystone Local School District's Board of Education.

We hereby give our consent to the company selected by the Keystone Local School District's 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 Keystone Local School District Board of Education, its employees, or agents, to release all results of these tests to designated Keystone Local School District employees or agents. We understand that these results will also be available to the parents/guardian or guardians upon request.

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

We hereby release the Keystone Local School District's 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 as required by law.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

CELL OR WORK PHONE