

## “OPT-IN” Student Drug Testing Program

Vermilion Local School District is pleased to provide the opportunity for students to be included in the drug testing program when they are not otherwise eligible through participation in school-sponsored athletics or other extra-curricular activities, parking permits, or earning special privileges, including but not limited to, early release or mid-day sign outs.

With the Opt-In Student Drug Testing Program the Vermilion Schools will allow parents or guardians to request that non-eligible students be included in the student drug testing program. Results are 100% confidential and will be released by the Assistant Superintendent, only to the parent, guardian or custodian named on the consent form.

### How the Program Works

1. The Opt-In program is available to any student who is enrolled in the Vermilion Local School District.
2. The parent / guardian / custodian must read and sign the “Opt-In Student Drug Testing Consent” form below.
3. The student must also sign consent to participate in the program.
4. Signed agreements must be submitted to the school office.
5. Student identification will be required at the time of testing.
6. Upon completion of testing, the Assistant Superintendent will notify the parent or guardian of any positive test results. Results will not be released to any other party without written consent of the parent or guardian.
7. **There will be no attempt to diagnose substance abuse problems.** This program is intended only as a tool to be used by parents or guardians in making informed decisions about student substance abuse.

### OPT-IN STUDENT DRUG TESTING CONSENT

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**AS A STUDENT:** I understand that I may be drug tested, with the consent of my parent or guardian, under the Opt-In Student Drug Testing Program. I understand this agreement is binding while I am a student in the Vermilion Local School District.

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

**AS A PARENT/GUARDIAN/CUSTODIAN:** I understand that by signing this consent I will allow the school district to perform drug and/or alcohol testing on my son or daughter, the results of which will be released to me by the Assistant Superintendent.

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

Parent/Guardian/Custodian Printed Name: \_\_\_\_\_

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

Parent / Guardian / Custodian Phone: \_\_\_\_\_