

**Vermillion Local School District  
INFORMED CONSENT AGREEMENT**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please Print)

**AS A STUDENT:**

- I understand and agree that participation in extracurricular activities, special privileges and/or parking on school grounds is a privilege that may be withdrawn for violations of Board Policy 5530.01 - Drug Testing Policy, hereinafter Policy.
- I have read the Policy and the related Administrative Guidelines and thoroughly understand the consequences that I will face if I do not adhere to the Policy and Administrative Guidelines.
- I understand that when I participate in any extracurricular activity and/or receive a parking permit, I will be subject to random drug testing, and if I refuse, I will not be allowed to practice, participate or park on school property during the school day. I have read the consent on the reverse of this form and agree to its terms.
- I understand this Informed Consent Agreement is binding for one calendar year while a student within the Vermillion Local School District.

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

Date \_\_\_\_\_

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

- I have read Board Policy 5530.01 - Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities, special privileges and/or parking privileges in the Vermillion Local School District.
- I understand that my son/daughter/ward, when participating in special privileges, athletics, extracurricular activities and/or receiving a parking permit, may be subject to random drug testing, and if they refuse, will not be allowed to practice, participate, or park on school property during the school day. **I have read the consent on the reverse of this form and agree to its terms.**
- I also understand I may only remove my son/daughter/ward from the random program with signed written notice to Designated Official. This decision will impact my child's continued participation in special privileges, extracurricular activities and ability to park on school property during the school day until a new Informed Consent Agreement is signed.
- I understand this Informed Consent Agreement is binding for one calendar year.

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

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Custodian Name (Please Print)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work/Mobile Phone

## **Consent to Submit To Drug Testing**

- We hereby consent to allow the student named on the front of this form to undergo testing below for the presence of illicit drugs or banned substances in accordance with Board Policy and Administrative Guidelines 5530.01 - Drug Testing for Students Involved in Nonacademic Activities:
  - Saliva swab
  - Urinalysis
  - Hair follicle
- We understand that the collection process will be overseen by a qualified third party administrator.
- We understand that any samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.
- We hereby give our consent to the third party administrator selected by the Vermilion Local School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform substance abuse testing for the detection of illicit drugs or banned substances.
- We further give permission to the third party administrator selected by the Vermilion Local School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the third party administrator. We understand these results will be forwarded to the Building Principal and/or Designated Official and will also be made available to us.
- We understand that consent pursuant to this Informed Consent Agreement will be effective for all activities in which this student might participate during the current school year.
- We understand the Third Party Administrator will be given our contact information and will contact us by telephone in the event of a positive result.
- We hereby release the Vermilion Local School Board of Education, The Third Party Administrator and all of their board members, officers, employees, agents, and successors, in both their individual and official capacities, from any legal responsibility or liability for the release of such information and records.