

**Inman USD 448
Student Random Testing Consent Form**

Name of Student (Printed)

We understand that to participate and attend USD 448 activities as approved by the USD 448 Board of Education, we must consent to random saliva or urine drug testing, and if I refuse, will not be allowed to participate in or attend any USD 448 activities.

We hereby consent to allow the student named above to undergo testing of saliva or urine specimens for the purpose of detecting the presence of illegal substances in accordance with the USD 448 Substance Abuse Policy for Extra Curricular Activities approved by the USD 448 Board of Education.

We understand that any saliva or urine specimens will be collected as directed by the Third Party Administrator (TPA) contracted by USD 448 for that purpose. It shall be the responsibility of the Third Party Administrator to follow procedures for collection and confidentiality as required by law.

We, the parent/guardian of the above named student do hereby give our consent to the Third Party Administrator selected by USD 448 Board of Education, their laboratory, doctors, employees or agents, together with any clinic, hospital or laboratory designated by TPA to perform testing of urine specimens, hair samples, or breath samples for the detection of illegal substances.

We further give consent to the TPA, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO). We understand positive results will be made available first to the parent/guardian and then to the school contact person, most often the principal. Negative results will be made available to the school contact person and forwarded within five days to the parent/guardian.

We understand that consent pursuant to this Informed Consent Agreement will be effective for all listed activities in which this student may participate while enrolled in Inman USD 448.

Student Signature

Date

Parent/Guardian/Custodian Signature

Date