

Regulation 5130-R Activities Participant Drug Testing Form

CAMPBELL COUNTY HIGH SCHOOL INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____

As a student and parent:

- We understand and agree that participation in competitive interscholastic programs is a privilege that may be withdrawn for violations of Policy 5130, Activities Participant Drug Testing and Regulation 5130-R, Activities Participant Drug Testing.
- We have read Policy 5130, Activities Participant Drug Testing and Regulation 5130-R, Activities Participant Drug Testing, and thoroughly understand the responsibilities and consequences as an activity participant in Campbell County School District.
- We understand and realize that there is risk of injury in participating in competitive interscholastic programs.
- We understand that when students participate in any competitive interscholastic program, they will be subjected to random urine or saliva drug testing. If they refuse, they will not be allowed to practice or participate in any competitive interscholastic programs. We have read the consent statement and agree to its terms.
- Whenever an activity participant's test result indicates the presence of illegal drugs ("positive test"), the District's activity code will be enforced. The student and parent(s) may request an appeal before the building Director of Activities. A second drug test (type of test to be determined by third party administrator), will be at the expense of the student and parent(s). Upon a negative retest, the district will provide reimbursement.
- We understand that if a coach/sponsor has reasonable suspicion that a participant is using a controlled substance, the coach/sponsor must report the information to the building Activity Director or designee. If the Activity Director or designee determines a drug test should be administered, parents will be contacted prior to the actual testing. If the drug test is refused, the student will not be allowed to practice or participate in any competitive interscholastic programs.
- We understand this agreement is binding while a student is enrolled in Campbell County School District.

CONSENT TO PERFORM DRUG TESTING

- We hereby consent to allow the student named on this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with Policy 5130, Activities Participant Drug Testing and Regulation 5130-R, Activities Participant Drug Testing.
- We understand that the collection process will be overseen by a quality vendor.
- We understand that any urine or saliva 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 medical vendor selected by the Campbell County School Board of Trustees, their laboratory, doctors, employees, or agents; together with any clinic, hospital, or laboratory designated by the selected medical vendor to drug test (type of test to be determined by third party administrator) for the detection of illicit drugs or banned substances.
- We further give permission to the medical vendor selected by the Campbell County School Board of Trustees, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Superintendent or designee and will also be made available to us.

- We understand that consent pursuant to this Informed Consent Agreement will be effective for all competitive interscholastic programs in which this activity participant might participate during the current school year.
- We hereby release the Campbell County School District Board of Trustees and Campbell County School District employees from any legal responsibility or liability for the release of such information and records, pursuant to the policy.

Student Signature Date

Parent/Guardian Signature Date