



PINELANDS REGIONAL SCHOOL DISTRICT CONSENT TO TEST FORM

Student Name _____
(Please Print)

Sport/Activity _____ Jr. Prom 2017
(Please Print)

Coach/Advisor Ervin/Whiteman _____
(Please Print)

Fall/Winter/Spring _____ Spring
(Please Print)

AS A STUDENT:

- I understand and agree that participation in any athletic program or extracurricular activity is a privilege that may be withdrawn for substance abuse as per **Policy 5536: Random Drug Testing for Student, Alcohol or Other Drug Use**, and I thoroughly understand the consequences that I will face.
- I have read the **Consent to Perform Urinalysis for Random Drug Testing for Student, Alcohol or Other Drug Use** on the back of this form and agree to its terms.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any athletic program or extracurricular activity I will be placed in a pool for random drug and alcohol testing, and may be subjected to random urinalysis testing. If I refuse, it will be treated as a positive test.
- I understand this is binding for a full calendar year while I am a student within the Pinelands Regional School District.

Student Signature

Date

AS A PARENT/GUARDIAN/CUSTODIAN:

- I understand and agree that participation in any athletic program or extracurricular activity is a privilege that may be withdrawn for substance abuse as per **Policy 5536: Random Drug Testing for Student, Alcohol or Other Drug Use**, and I thoroughly understand the consequences my son/daughter/ward will face.
- I have read the **Consent to Perform Urinalysis for Random Drug Testing for Student, Alcohol or Other Drug Use** on the back of this form and agree to its terms.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that my son/daughter/ward, will be placed in a pool for random drug and alcohol testing, and may be subjected to random urinalysis testing. If they refuse, it will be treated as a positive test.
- I understand this is binding for a full calendar year while my son/daughter/ward is a student within the Pinelands Regional School District.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Name (Please Print)

Parent/Guardian/Custodian Signature (Please Print)

Home Phone

Cell Phone

Work Phone

CONSENT TO PERFORM URINALYSIS FOR ALCOHOL OR OTHER DRUG TESTING

I/We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy (5536) and Procedure for Random Drug Testing for Student Alcohol or Other Drug Use** Testing of Pinelands Regional School District Students as approved by the Pinelands Regional School District Board of Education.

I/We understand that the collection process will be overseen by a qualified vendor.

I/We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

I/We hereby give our consent to the medical vendor selected by the Pinelands Regional School District Board of Education, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

I/We further give permission to the medical vendor selected by the Pinelands Regional School District Board of Education, 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 Building Principal and will also be made available to us.

I/We understand that consent pursuant to this **Informed Consent to Perform Random Alcohol or Other Drug Testing Agreement**; will be effective for all sports, parking privileges, and/or activities in which this student might participate for a full calendar year, from the date of signature.

I/We hereby release the Pinelands Regional School District Board of Education, SPORT SAFE Testing Service, Inc., and its employees from any legal responsibility or liability for the release of such information and records.

PLEASE READ REVERSE SIDE AND SIGN

This consent form shall remain in effect for a full calendar year