

Drug Testing Consent

I hereby acknowledge that I have read policy 09.423 (Use of Alcohol, Drugs and other Controlled Substances) and procedure 09.423 AP.1 (Student Drug and Alcohol Testing Procedures), that I understand the policy and procedures, and that I agree to be bound by the terms and conditions contained in said policy and procedures. I hereby give my consent to the medical laboratory selected by the Board of Education, its doctors, employees, or agents, to release all results of these tests to the District Superintendent or his/her designee and to a qualified Medical Review Officer to conduct a review as provided in policy. I understand that those results will also be made available to me.

Parent/Guardian Signature _____
Date

Printed Student Name _____
Age _____
Grade _____
Phone#

Student Signature _____
Date

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING
STUDENT DRIVER/EXTRACURRICULAR/ATHLETIC PARTICIPANT**

Student Name (Printed) _____

Activity _____

School _____

We have read and understand the Powell County School Board Policy 09.423 dealing with *Use of Alcohol, Drug and other Controlled Substances* for Students and corresponding procedures 09.423 AP.1. We understand by signing this consent form that we agree to be bound by the terms and conditions contained in Powell County Board Policy.

Further, we hereby give our consent to the medical laboratory, its doctors, employees, or agents, to release all test results to the Superintendent or his/her designee and to a qualified Medical Review Officer to conduct a review as provided in Powell County Board of Education’s Policy and Procedures. We understand and acknowledge that the test results will also be made available to the student for review.

Signatures:

Student _____ Date _____

Parent/Guardian _____ Date _____

*This document is not valid unless signed by the student AND parent/guardian.

Review/Revised:6/19/2017