

MINGO COUNTY BOARD OF EDUCATION

Policy 5530.01- Student Drug Testing

STUDENT DRUG TESTING CONSENT FORM - Activity Students - Driving and Opt-In Students

STATEMENT AND PURPOSE OF INTENT

School Year: _____

Participation in school sponsored interscholastic extra-curricular activities and permission to drive to school and park on campus in Mingo County Schools is a privilege. Activity Students (any student who represents Mingo County) carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Students who elect to drive a privately owned vehicle to and from school and park on school property also carry an added accountability for the safe operation of a vehicle while on school property.

Drug use of any kind is incompatible with the physical, mental, and emotional demands placed upon participants in interscholastic extra-curricular activities and upon the positive image these students project to other students and to the community on behalf of Mingo County Schools. For the safety, health, and well being of students who drive to school and/or participate in interscholastic extra-curricular activities, (*ex. Cheerleading, FBLA, Robotics, BETA, etc...*) in Mingo County Schools, the county has adopted the attached ***Student Drug Testing Policy 5530.01***. Students participating in the programs outlined above must complete the “***Student Drug Testing Consent Form***”.

Participation in Extra-Curricular Activities, and/or Driving to School, or Opt-In Participants

Each Activity Student, Driving Student, or Opt-in participant shall be provided with a copy of the ***Drug Testing Policy*** and “***Student Drug Testing Consent Form***” which shall be read, signed and dated by the student, parent or custodial guardian, and the coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities, or before issuance of a driving/parking pass.

The Opt-in Participant and parent or custodial guardian shall also read and sign a consent form.

The consent shall be to provide a urine sample:

1. As chosen by the random selection basis, and
2. At any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs.

No student shall be allowed to practice or participate in any activity, governed by the policy, or drive to school unless the student has returned the properly signed “*Student Drug Testing Consent Form***”.**

Section to be completed by the student:

Please Print or Type:

_____ School

_____ Student ID Number

_____ Student's Last Name

_____ First Name

_____ MI

I, the above named student, understand after having read the ***Drug Testing Policy*** and ***"Student Drug Testing Consent Form"*** that, out of care for my safety and health, Mingo County Schools enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of the Mingo County Schools interscholastic extra-curricular activity or one who drives and parks on school property, or an Opt-in participant, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, and/or driving, or opt-in participant I understand upon determination of that violation I will be subject to the restrictions as outlined in the Policy.

Check all that apply: School Year _____

Driving Student

Opt-in Participant

Activity Student (please list activity)

Activity student list specific sport/club/team _____

_____ Signature of Student

_____ Date

Section to be completed by Parent/Guardian and Principal/Coach/Sponsor

We have read and understand the Mingo County Schools ***Student Drug Testing Policy*** and ***"Student Drug Testing Consent Form"***. ***We voluntarily agree on behalf of the student named above that, in order to participate in interscholastic extra-curricular activities; and/or to be granted permission to drive to and park on property of Mingo County Schools; and/ or by electing to have him/her included in the testing pool as an Opt-in Participant, the student must submit to drug testing and must also agree to be subject to the terms of the Mingo County Schools drug testing policies.*** We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as provided in this program.

_____ Signature of Parent or Custodial Guardian

_____ Date

_____ Signature of Principal/Coach/Sponsor

_____ Team/Activity

_____ Date