

DRUG/ALCOHOL URINALYSIS CONSENT FORM

Student's Name _____ Sport/Activity _____
(PLEASE PRINT)

(PLEASE COMPLETE BOTH SIDES OF THIS FORM)

Parent / Guardian consent to perform urinalysis for drug / alcohol testing...

I hereby consent to have my son / daughter undergo urinalysis testing for the presence of drugs or alcohol in accordance with the Pickerington Drug and Alcohol Testing Policy for Student Athletes.

I understand that this testing will occur according to the guidelines of the Pickerington Drug and Alcohol Testing Policy for Student Athletes.

I understand that any urine sample taken for drug / alcohol testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent for the medical laboratory selected by the Pickerington Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my son / daughter for the detection of drugs / alcohol.

I further give my permission to the medical laboratory selected by the Pickerington Board of Education, its doctors, employees, or agents, to release all results of these tests to designated School District employees or agents. I understand that these results will also be made available to me.

THIS FORM MUST BE ACCOMPANIED BY A STUDENT CONSENT FORM (on reverse side).

I hereby release, waive, and discharge the Pickerington Board of Education, its individual members, employees, agents and anyone acting on its behalf from any and all liability claims, or causes of action arising from or related to the urinalysis drug / alcohol testing for the athletic participation and / or the release of related information as authorized in this form and in the Drug and Alcohol Testing Policy for Student Athletes.

Parent / Legal Guardian Signature

Date

Certified Medical Lab

Date

(BOTH SIDES OF FORM MUST BE COMPLETED)

Student consent to perform urinalysis for drug / alcohol testing...

I hereby consent to have my urine collected and tested for the presence of drugs or alcohol in accordance with the Pickerington Drug and Alcohol Testing Policy for Student Athletes.

I understand that this testing will occur according to the guidelines of the Pickerington Drug and Alcohol Testing Policy for Student Athletes.

I understand that my urine samples taken for drug / alcohol testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent for the medical laboratory selected by the Pickerington Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on me, for the detection of drugs / alcohol.

I further give my permission to the medical laboratory selected by the Pickerington Board of Education, its doctors, employees, or agents, to release all results of these tests to designated School District employees or agents. I understand that these results will also be made available to me and to my parent(s) / guardian(s).

I hereby authorize the release of the results of such testing to my parent(s) / guardian(s).

THIS FORM MUST BE ACCOMPANIED BY A PARENT / GUARDIAN CONSENT FORM.

I hereby release, waive, and discharge the Pickerington Board of Education, its individual members, employees, agents and anyone acting on its behalf from any and all liability claims, or causes of action arising from or related to the urinalysis drug / alcohol testing for the athletic participation and / or the release of related information as authorized in this form and in the Drug and Alcohol Testing Policy for Student Athletes.

Student Athlete Signature

Date