***Drug Testing Consent Form***

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check all activities all are applicable:

\_\_ Simulated Workplace \_\_ Student Driver \_\_ Activity Student \_\_ Opt-In

Students who participate in interscholastic extra-curricular activities, who drive or park on school property, who are enrolled in simulated workplace programs, or Opt-in participants are subject to random drug testing in accordance with Cabell County Student Drug Testing Policy or CTE Drug Testing Policy.

Signatures hereon serve as student/parental consent:

a) For me/my child to undergo random drug testing and to submit a saliva/urine sample for that purpose;

b) For me/my child to be randomly drug tested in accordance with the terms of the Cabell County Schools policy;

c) For Cabell County Schools to submit my child’s saliva/urine sample for testing for drugs/alcohol prohibited by its policy; and

d) For the Cabell County Schools to obtain the results of my child’s drug/alcohol test from a certified laboratory for use in accordance with the Cabell County Schools Random Drug Testing Policy

A copy of this policy has been made available for review, and I hereby acknowledge that I thoroughly understand its terms and provisions. I release Health Research Systems and Cabell County Schools from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

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 Signature of Parent or Custodial Guardian Date

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 Signature of Student Date