

**STUDENT DRUG TESTING****INFORMED CONSENT AGREEMENT**

We hereby consent to allow the student named on the reverse side to undergo urinalysis testing for the presence of drugs in accordance with the Drug Testing Policy of Fremont City Schools.

We understand that testing will be administered in accordance with the Drug Testing Policy of Fremont City Schools.

We understand that any urine sample taken for drug testing will be tested only by a Board approved company.

We hereby give our consent to the company selected by the Fremont City Schools Board of Education, its employees or agents, together with any company, hospital or laboratory designated to perform urinalysis testing for the detection of drugs.

We further give our consent to the company selected by the Fremont City Schools Board of Education, its employees or agents, to release all results of these tests to designated school district employees or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of results of such testing to my parent/guardian/custodian.

We hereby release the Fremont City Schools Board of Education, its employees or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed consent pursuant to the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g as amended, and the Ohio Revised Code § 3319.321 for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

FREMONT CITY SCHOOLS  
INFORMED CONSENT AGREEMENT

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

Grade: \_\_\_\_\_

**AS A STUDENT:**

- I have read the Drug Testing Policy and thoroughly understand the consequences that I face if I do not honor my commitment to the Drug Testing Policy.
- I understand that when I participate in athletics, extracurricular/co-curricular activities and/or drive to school and park on school property, I will be subject to initial and random urine drug testing. I have read the Informed Consent Agreement and agree to its terms and I understand this agreement is binding while I am a student in Fremont City Schools participating in athletics, extracurricular/co-curricular activities, and/or driving to school and parking on school property.

I am currently participating in the following athletic sports and/or extracurricular/co-curricular activities:

\_\_\_\_\_

\_\_\_\_\_

I park on school property: \_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- I have read the Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in athletics, extracurricular/co-curricular activities and/or when driving to school and parking on school property.
- I pledge to promote healthy lifestyles for all students in Fremont City Schools.
- I understand that my son/daughter/ward, when participating in any athletic program, extracurricular/co-curricular activity and/or driving to school and parking on school property, will be subject to random urine drug testing. I have read the Informed Consent Agreement and agree to its terms and I understand this agreement is binding while my son/daughter/ward is a participant in athletics, extracurricular/co-curricular activities and/or driving to school and parking on school property.

\_\_\_\_\_  
PARENT/GUARDIAN/CUSTODIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

\_\_\_\_\_  
HOME/WORK/CELL  
CONTACT NUMBERS