

## **Consent to Perform Drug Testing**

We hereby consent to allow the student named on this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy for Random Drug Testing of Maize USD 266** as approved by the Maize Unified School District Board of Education.

We understand that a qualified Vendor will oversee the collection process.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical Vendor selected by the Maize 266 Board of Education, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Maize USD 266 Board of Education, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor.

We understand these results will be forwarded to the Building Principal and will also be made available to the parents.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year while attending Maize Schools.

**READ INFORMED CONSENT AGREEMENT ON REVERSE SIDE AND SIGN!**

**MAIZE UNIFIED SCHOOL DISTRICT 266 INFORMED CONSENT AGREEMENT**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Please print)

Student Date of Birth \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in extracurricular and athletic activities is a privilege that may be withdrawn for violations of the **Policy for Random Drug Testing of USD 266 Students**.
- I have read the **Policy for Random Drug Testing of USD 266 Students** and understand the consequences that I will face if I am selected for a random drug test and have a positive test result.
- I understand that when I participate in any athletic or extra-curricular activity, I will be subject to random urine drug testing, and if I refuse, I will not be allowed to practice or participate in any athletic or extra-curricular activity. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student within the Maize Unified School District.

\_\_\_\_\_  
Student Signature Date

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

I have read the **Policy for Random Drug Testing of USD 266 Students** and understand the responsibilities of my son/daughter/ward as a participant in athletic or extra-curricular activities in Maize USD 266. I understand that my son/daughter/ward, when participating in athletics or extra-curricular activities may be subjected to random drug testing, and if he/she refuses, will not be allowed to practice or participate in any extra-curricular activities. I have read the consent on the reverse of this form and agree to its terms. I understand this is binding while my son/daughter/ward is a student within the Maize Unified School District.

\_\_\_\_\_  
Parent/Guardian/Custodian Signature Date

\_\_\_\_\_  
Parent/Guardian/Custodian Name (print) Home Phone Work Phone  
I have read the **Policy for Random Drug Testing of USD 266 Students** and have decided to decline involvement.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian/Custodian Signature Date

\_\_\_\_\_  
Parent/Guardian/Custodian Name (print) Home Phone Work Phone