CONSENT FORM ALLOWING STUDENTS TO PARTICIPATE IN SPECIAL ACTIVITIES AND PRIVILEGES, AND FOR DRUG TESTING

I/we the undersigned being the parents or legal guardians, of _____ do HEREBY AUTHORIZE CONSENT TO:
(Print child's name)

-My/our child participating in any voluntary and non credit "SPECIAL ACTIVITIES AND PRIVILEGES" that are offered by the school, which includes SPORTS, PROM, SPECIAL SCHOOL TRIPS, CHEERLEADING CLUBS, AND THE PRIVILEGES OF PARKING A MOTOR VEHICLE ON SCHOOL PROPERTY. I understand that my/our child will not be allowed to enroll or participate in any of these "special activities and privileges" listed above unless I/we give permission by signing this consent. If my/our child is not participating in any of these special activities and privileges, I/we understand that my/our child will not be subject to "mandatory" drug testing, but I/we hereby consent to the "random" drug testing on my/our child.
-Having a specimen of my/our child's urine, saliva, or breath collected and tested for the presence of drugs and/or alcohol. Drugs and/or alcohol testing will be done by two methods as applicable to my/our child. One method will be M A N DATORY DRUG TESTING, which is a one-time, pre-eligible drug test conducted at an announced time either before or soon after a student enrolls or participates in "special activities and privileges" with mandatory drug testing also being repeatedly conducted during the school year on individual students if they have a "non-negative" drug test. The other method will be RANDOM DRUG TESTING, which is a purely random and unannounced drug testing where all students are placed in a "pool" and randomly and anonymously selected on a regular basis. I/we give up the right to be notified in advance of the random drug or alcohol testing of my/our child.
The release of my/our child's urine/salvia specimen and related data over to any licensed and independent laboratories, hospitals, or other qualified medical persons or facilities selected by the school for conducting analysis of the specimen and reporting to the school the results of the same, and the results of my/our child's drug testing on a STRICTLY CONFIDENTIAL BASIS, to the director of schools, drug commissioner, principal and assistant principal, and the program director, director of technicians services, and drug educators and/or counselors for the STAND program, and other school administrators, faculty, and STAND program volunteers, staff, school nurse, and other providers only on a STRICTLY CONFIDENTIAL and "NEED TO KNOW" BASIS, and forever and fully release the school and these above listed persons and positions from all liability whatsoever for the release, access to, and use of the information and records authorized in this consent.
-This is a continuing consent not limited to one academic year that will remain in effect until my Child graduates from high school or permanently leaves the Oneida Special School District and Scott County School systems, whichever my /our Child attends, unless I/we cancel this consent in writing. This consent, depending on where my/our child attends school, is freely transferable between and valid for both the Oneida Special School District and Scott County School systems, who are jointly participating in what is known as the "STAND" drug programs.

Parents and/or guardians will be notified if any changes are made to the current policy.

Fill in all blanks before returning form

*_____
Child's Full Name Birth Date Social Security #

*_____
Parent of Guardian Name Phone # _____
Address

*_____
Parent or Guardian Signature Date

*_____
Last School Attended

☐ **I DO consent to random drug testing for my child.** ☐ **DO NOT TEST.**