

Central City Public Schools Consent Agreement

Student Name \_\_\_\_\_  
(Please Print)

Grade \_\_\_\_\_

AS A STUDENT:

- I understand and agree that participation in athletic or extracurricular activities is a privilege that may be withdrawn for violations of the **Policy for Random Urine Drug Testing**.
- I have read the **Policy for Random Urine Drug Testing** 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 and realize that there is risk of injury in participating in athletic activities.
- I understand that when I participate in any athletic program or extracurricular activity I may be subjected to initial drug testing and will be subject to random urine drug testing, and if I refuse, I will not be allowed to practice or participate in any athletic program or extracurricular 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 attending Central City Public Schools.

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

Date \_\_\_\_\_

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the **Policy for Random Urine Drug Testing** and understand the responsibilities of my son/daughter/ward as a participant in athletic or extracurricular activities in Central City Schools.
- I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.
- I understand that my son/daughter/ward, when participating in athletics and/or extracurricular activities may be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice or participate in any extracurricular 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 attending Central City Public Schools.

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

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Custodian Name (print)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work or Cell Phone

## Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy for Random Urine Drug Testing** as approved by the Central City Board of Education.

We understand that the collection process will be overseen by a qualified vendor.

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 Central City 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 Sports Safe, 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 Activities Director and will also be made available to us.

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.

**READ THE POLICY FOR RANDOM URINE DRUG TESTING AND SIGN THE  
INFORMED CONSENT AGREEMENT ON THE REVERSE SIDE**