

RETURN TO OFFICE

MARSHFIELD R-1 SCHOOLS

Random Drug Testing Program Participation and Consent Form for Eligibility in the Athletics/Activity Program (School

Student's Name: _____ Grade: _____

As a school's participant in athletics and/or activities I understand that participation is completely voluntary. I understand that my signature below authorizes the Marshfield R-1 School District to obtain a urine sample from the student whose name appears above if his/her name is selected as part of the random selection, procedures of the Drug Testing Program. I also understand that currently available instant screen tests are not 100% reliable and that an instant screen test that shows positive will always be followed with a more sophisticated laboratory test for confirmation as described in the Random Drug Testing Policy. I also understand that if a "positive" test results, the student and parents or guardians may need to disclose to the laboratory or its medical review officer any over-the-counter or prescription medications the student is or has taken. I understand that if a violation of the drug-testing policy occurs, the parent/legal guardian of the student, building administration and the respective coach/activity sponsor will be the only individuals made aware of this information. I further understand and agree that the Marshfield R-1 School District may respond to a positive drug result in accordance with the provisions of the Random Drug Testing Policy.

This completed form **MUST** be returned to school.

By checking YES and signing this form, the parent/legal guardian and student understand and agree as follows: The student and parent have read and understand the guidelines for participation in the Marshfield R-1 School athletic/activities program as set forth in the athletics/activities handbook. The student is compliant with all MSHSAA and Marshfield R-1 School District bylaws. If participating in a sport, the student must successfully pass a physical examination by a physician, and a copy of such examination must be on file in the athletic director's office prior to participation in practice of the sport.

____ Yes. I agree to participate in the Marshfield R-1 School District random drug testing pool. I, along with my parent/legal guardian, have read and understand the guidelines set forth by the Marshfield R-1 Random Drug Testing Policy.

____ No. I do not agree to have my child's name placed in the Marshfield R-1 random drug testing pool. I further understand that by making this decision I relinquish my child's privileges to represent Marshfield R-1 Schools in extra and co-curricular activities.

Student's Signature: _____ Date: _____

Parent's Signature: _____
Date: _____

FOR OFFICE USE

Date Received in the Principal's Office _____ Received

By _____