

MARSHFIELD R-1 SCHOOLS

Random Drug Testing Program Participation and Consent Form for Eligibility in the Athletics/Activity Program (school year 2018-2019)

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 test result in accordance with the provisions of the Random Drug Testing Policy.

This completed form must be returned to the Junior High/High School office within 10 days from entry into 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 athletic/activities handbook.

The student is compliant with all MSHSAA and Marshfield R-1 school 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 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. (Please sign this consent form and return it within the first ten days of school (by August 31, 2018)).

_____ 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: _____