

LABETTE COUNTY HIGH SCHOOL INFORMED CONSENT AGREEMENT

THIS FORM MUST BE ON FILE WITHIN 10 SCHOOL DAYS OF THE SEMESTER  
OR WITHIN 10 SCHOOL DAYS OF TRANSFER.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**AS A STUDENT:**

I understand and agree that participation in extracurricular activities is a privilege that may be withdrawn for violations of the Policy for Student Drug Testing of Labette County High School Students. I have read the Policy for Student Drug Testing of Labette County High School 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 extracurricular activity as defined in Board Policy, I will be subject to random urine drug testing, and if I refuse or test positive, 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.

I understand this is binding while a student at Labette County High School during the current school year.

\_\_\_\_\_ I hereby give consent for testing.

\_\_\_\_\_ I refuse / do not give consent for testing.

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

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

I have read the Policy for Student Drug Testing of Labette County High School Students and understand the responsibilities of my son / daughter / ward as a participant in extracurricular activities through Labette County High School. I understand a positive test result or refusal to submit a sample will result in consequences including suspension from activities as per policy for my student.

I understand that my son / daughter / ward, when participating in extracurricular activities as defined in Board Policy, may be subjected to random urine drug testing, and if they refuse or test positive, will not be allowed to practice or participate in any extracurricular activities. I have read the consent on the reverse of this form.

I understand this is binding while my son / daughter / ward is a student at Labette County High School during the current school year.

\_\_\_\_\_ I hereby give consent for testing.

\_\_\_\_\_ I refuse / do not give consent for testing.

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

\_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent / Guardian / Custodian Name (Please Print)

**CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

I hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illegal drugs in accordance with the **Policy for Student Drug Testing of Labette County High School Students** as approved by the Unified School District No. 506 Board of Education.

I understand that a qualified vendor will oversee the collections process.

I 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.

I hereby give my consent to the medical vendor selected by Labette County USD 506 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 illegal drugs as described in the Student Drug Testing Policy.

I further give permission to release results of these tests to the Building Principal / Assistant Principal. I understand a confirmed positive test result or refusal to submit a sample will result in consequences including suspension from activities as per policy for my student.

I understand that consent pursuant to this **Informed Consent Agreement** for random student drug testing will be effective for all activities as defined by board policy in which this student might participate during the current school year and any sanctions that may follow per confirmed positive test result as stated in the approved policy.

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