

**BALLARD COUNTY SCHOOLS**

**PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

I hereby consent to have (print student's name) \_\_\_\_\_ undergo urinalysis testing for the presence of drugs in accordance with the Ballard County School's athletic participant, extracurricular participant and student driver drug testing policy.

I understand the consent pursuant to this Consent Form will be effective for all athletic sports, extracurricular activities, and student driving for the above student participating during the current school year.

I understand that any urine samples will be sent only to a licensed medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

I hereby give my consent to the medical laboratory selected by the Ballard County Board of Education, its doctors, employees, or agents, together with any clinic or hospital, or laboratory designated by the selected medical laboratory to perform urinalysis testing on the above student for the detection of drugs.

I further give my permission to the medical laboratory selected by the Ballard County Board of Education, its doctors, employees, or agents, to release all results of this test to the Ballard County designee. I understand that these results also will be made available to me.

I hereby release the Ballard County Board of Education and Ballard Memorial High School from any legal responsibility or liability for the release of such information and records as authorized by this form.

I hereby understand that if the above student fails a drug test, the student will be subject to disciplinary action according to the district's Code of Behavioral Expectations.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_