

**SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS  
INFORMED CONSENT AGREEMENT  
RANDOM DRUG TESTING**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in athletic, extra-curricular activities, and student parking are privileges that may be withdrawn for violations of the Sheffield-Sheffield Lake City Schools Student Drug Testing Policy.
- I have read the Student Drug Testing Policy (available at [www.sheffieldschools.org](http://www.sheffieldschools.org)) and thoroughly understand the consequences that I will face if I do not honor my commitment to the Student Drug Testing program
- I understand that when I participate in any athletic program, extra-curricular activity, and/or parking privilege, I will be subject to random urine drug and/or alcohol testing as it is board policy that I have to participate in random drug testing, and if I refuse to sign the informed consent agreement for random drug testing, I will not be allowed to practice or participate in any athletic program/extra-curricular activities or student parking. I have read this Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the Sheffield-Sheffield Lake City Schools.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

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

- I have read the Sheffield-Sheffield Lake City Schools Student Drug Testing Policy (available at [www.sheffieldschools.org](http://www.sheffieldschools.org)) and understand the responsibilities of my son/daughter/ward as a participant in athletic programs, extra-curricular activities, and/or parking privileges in the Sheffield-Sheffield Lake City Schools.
- I pledge to promote healthy lifestyles and choices for all students in the Sheffield-Sheffield Lake City Schools.
- I understand that my son/daughter/ward, when participating in any athletic program, extra-curricular activity, and/or parking privilege, will be subject to random urine drug and/or alcohol testing, as it is board policy that he/she has to participate in random drug testing, and if he/she or myself refuses to sign the informed consent agreement on random drug testing, he/she will not be allowed to practice or participate in any athletic activities/extra-curricular activities. I have read this Informed Consent Agreement and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a student in the Sheffield-Sheffield Lake City Schools.

\_\_\_\_\_  
PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

\_\_\_\_\_  
DAYTIME PHONE

\_\_\_\_\_  
PARENT/GUARDIAN/CUSTODIAN SIGNATURE

\_\_\_\_\_  
DATE

**SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS  
INFORMED CONSENT AGREEMENT  
RANDOM DRUG TESTING**

We hereby consent to allow the student named on the reverse side to undergo urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with the Sheffield-Sheffield Lake City Schools Board Policy on Student Drug Testing.

We understand that testing will be administered in accordance with the guidelines of the Sheffield-Sheffield Lake City Schools Student Drug Testing Policy for student-athletes and students participating in extra-curricular activities and/or student parking privileges.

We understand that any sample taken for drug testing will be tested only by a Board approved company.

We hereby give our consent to the company selected by the Sheffield-Sheffield Lake City Schools Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform testing for the detection of drugs and alcohol.

We further give our consent to the company selected by the Sheffield-Sheffield Lake City Schools Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

We hereby release the Sheffield-Sheffield Lake City Schools Board or Education, its employees or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and the Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

**STUDENT DRUG TESTING POLICY**

The District policy regarding Student Drug Testing can be found under the webpages for the Sheffield-Sheffield Lake City Schools and/or Brookside High School at [www.sheffieldschools.org](http://www.sheffieldschools.org)