

STUDENT DRUG TESTING
(Consent Form)

I, _____, [student's name] have received, read, understand and agree to abide by the Greene County Reorganized School District No. 3/Republic R-III School District's (District) drug testing policy and procedures. As a condition of participating in covered activities and privileges in the District, I agree to provide urine specimens when directed. I also agree to provide alternative specimens (saliva, hair, etc.) when circumstances require additional specimens. I authorize the District to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I authorize the release of information concerning the results of such a test to the District and to my parents/guardians. I also authorize the District to release information regarding the results of such a test to the drug testing company, as necessary, including information regarding my prescription medications in the event of a positive result. I understand that refusal to be tested when selected will be considered by the District to be a positive test, and that I will be subject to consequences as set forth in Board policy. I understand that this consent will remain in effect until: 1) graduation; 2) my withdrawal from enrollment with the District; or 3) upon submission of written revocation of consent to the District by my parents/guardians.

Student Signature

Date

I, _____, [name of parent/guardian] have received, read, understand and agree to abide by the Greene County Reorganized School District No. 3/Republic R-III School District's ("District") drug testing policy and procedures. As a condition of my student's participation in covered activities and privileges in the District, I authorize the District to collect urine specimens from my student, and further authorize the district to collect alternative specimens (saliva, hair, etc.) when circumstances require additional specimens. I authorize the District to have the specimens tested for illegal drugs, performance-enhancing drugs and alcohol. I authorize the release of information concerning the results of such a test to the Republic R-III School District. I also authorize the District to release information regarding the results of such a test to the drug testing company, as necessary, including information regarding my student's prescription medications in the event of a positive result. I understand that the District will pay for all random drug tests if my student is selected. I understand that this consent will remain in effect until: 1) graduation; 2) my student's withdrawal from enrollment with the District; or 3) upon submission of written revocation of consent to the District by myself or the student's other parent/guardian.

Signature of Parent/Guardian

Date

This consent form will remain in effect for the duration of the student's enrollment within the Republic R-III School District, unless revoked in writing by the parent/guardian.