

# Ontario School District 8

Code: **JFCIA-AR**

Revised/Reviewed: 05/15/03; 8/18/10

Orig. Code(s): JFCIA-AR

## Authorization to Test for Drugs

I understand that my performance in cocurricular activities and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by Ontario High School and the Ontario School District Board of Directors.

I also authorize Ontario School District to conduct a test on a urine specimen which I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such test to Ontario School District and to the parents and/or guardians of the student. I understand that once this authorization is signed, I am eligible for drug testing for the remainder of the school year whether or not I am at that time participating in a co-curricular activity.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of the above information to the parties named above. In the event my child is selected for testing and is taking prescription medication, I give my consent for any medical provider to release information regarding any prescription drugs to the testing laboratory and Ontario School District for the purpose of complying with this policy.

I have received a copy of this release. I have read and understand the District's policy and related procedures for drug testing and consent to such testing.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date