

Moundridge USD 423
Student Random Testing Consent Form

Name of Student (printed)

We hereby consent to allow the student named above to undergo testing of urine specimens, hair samples, or breath samples for the purpose of detecting the presence of illegal substances in accordance with the USD 423 Substance Abuse Policy for Extra Curricular Activities approved by the USD 423 Board of Education.

We understand that any urine specimens, hair samples, or breath samples will be collected as directed by the Third Party Administrator (TPA) contracted by USD 423 for that purpose. It shall be the responsibility of the TPA to follow procedures for collection and confidentiality as required by law.

We, the parent/guardian of the above named student do hereby give our consent to the TPA, selected by USD 423 Board of Education, their laboratory, doctors, employees or agents, together with any clinic, hospital or laboratory designated by the TPA, to perform testing of urine specimens, hair samples, or breath samples for the detection of illegal substances.

We further give consent to the TPA, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO). We understand positive results will be made available first to the parent/guardian and then to the school contact person, most often the principal. Negative results will be made available to the school contact person and forwarded within five days to the parent/guardian.

We understand that consent pursuant to this Informed Consent Agreement will be effective for all listed activities in which this student may participate while enrolled in Moundridge USD 423.

Student Signature

Date

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Telephone number where they can be reached