

**BENTON SCHOOL DISTRICT INFORMED
CONSENT AGREEMENT**

I/We _____ hereby consent to allow _____ to undergo
(Parent or Guardian) (Student)
drug testing for the presence of illicit drugs or banned substances in accordance with the Board Policy.

I/We understand that a qualified vendor will oversee the collection process.

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

I/We hereby give my consent to the vendor selected by the Benton School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected vendor to perform drug testing for the detection of illicit drugs or banned substances.

I/We further give permission to the vendor selected by the Benton School Board, its doctors, employees, or agents to release all results of these test to the medical vendor. I understand these results will be forwarded to the athletic director and will also be made available to the parent or guardian, and in the case of a second positive test, the principal and coach/director.

I/We understand that consent pursuant to this Informed Consent Agreement will be effective for all athletic/spirit group/band activities in which this student might participate during the school year.

I/We hereby release the Benton School District, School Board, and its employees from any legal responsibility of liability for the release of such information and records (as detailed herein).

AS A PARENT / GUARDIAN / CUSTODIAN:

- I have read the drug testing policy and understand the responsibility of my son/daughter/ward as a participant in athletic/spirit group/band activities in the Benton School District.
- I understand that my son/daughter/ward, when participating in any athletic/spirit group/band activity, will be subjected to random drug testing. I have read the consent form and agree to its terms.
- I understand this is binding while my son/daughter/ward is a student participating in athletic/spirit group/band activities in the Benton School District.
- I understand that Informed Consent Forms will remain valid until a parent/guardian request removal in writing or until the student no longer participates in athletic/spirit group/band activities. Any student returning to competitive athletic/spirit group/band activities will be required to have a current Informed Consent Form on file.
- I understand the consequences regarding involvement with illegal drugs and alcohol.

Parent / Legal Guardian

Name: _____
Last First MI

Signature _____

Date: _____

PLEASE COMPLETE THE STUDENT INFORMATION ON THE BACK OF THIS

BENTON STUDENT PARTICIPATING IN ATHLETICS/SPIRIT GROUPS/BAND ACTIVITIES:

- I understand and agree that participating in athletic/spirit group/band activities is a privilege that may be withdrawn for violation of the Benton School District Drug Testing Policy.
- I have read and understand the Benton Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the drug testing policy.
- I understand that when I participate in any athletic/spirit group/band activity, I will be subjected to random drug testing, and if I refuse, there will be an immediate 30 day suspension.
- I understand this is binding while a student participating in any athletic/spirit group/band activity in the Benton School District.

STUDENT: (print)

Name _____
Last First MI

Address _____

Campus _____ Grade _____ ID No. _____

STUDENT SIGNATURE: _____ Date _____

To be filled out by the student: (please print)

ORGANIZATION(S) YOU PARTICIPATE IN:

Athletics:

_____	Coach: _____
_____	Coach: _____
_____	Coach: _____
_____	Coach: _____
_____	Coach: _____
_____	Coach: _____

Band: _____ Director: _____

Coach:

If you are the coach that received this form from your participating student, please check the information and sign.

Signature of Coach