

**WYNFORD LOCAL SCHOOLS CODE OF CONDUCT AND EXPECTATIONS
INFORMED CONSENT AGREEMENT**

AS A STUDENT

- I understand and agree that participation in athletic or extracurricular activities and parking on school grounds is a privilege that may be withdrawn for violations of the **Code of Conduct and Expectations**, hereinafter **Code of Conduct**.
- I have read the **Code of Conduct** and thoroughly understand the consequences that I will face if I do not honor my commitment to the **Code of Conduct**.
- I understand and realize that there is risk of injury in participating in activities.
- I understand that when I participate in any athletic program, Board of Education identified extracurricular activities, and/ or receive a parking permit, I will be subject to random urine drug testing, and if I refuse, I will not be allowed to practice, participate or park. I have read the consent on the reverse of this form and agree to its terms.
- I understand this is binding while a student within the Wynford Local Schools.

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the **Code of Conduct** and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities and/or parking privileges in the Wynford Local Schools.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.

I understand that my son/daughter/ward, when participating in athletics, extracurricular activities and/or receiving a parking permit, may be subjected to random urine drug testing, and if they refuse, will not be allowed to practice, participate, or park. I have read the consent on the reverse of this form and agree to its terms.

I also understand that if my son/daughter/ward has completed their season and does not intend on participating in other activities and/or parking for the remainder of the year, I may remove them from the random program with a signed consent to Designated Official. Failure to do so is my consent to offer the deterrence of random drug testing for my son/daughter/ward until the end of the testing year.

I understand this is binding while my son/daughter/ward is a student within the Wynford Local Schools District.

Parent/Guardian/Custodian Signature

Date _____

Student Signature

Date _____

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Urine Drug Testing of Wynford Local Schools Students** as approved by the Wynford Local Schools Board of Education.

We understand that the collection process will be overseen by a qualified vendor.

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.

We hereby give our consent to the medical vendor selected by the Wynford Local Schools Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Wynford Local Schools Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.

We hereby release the Wynford Local Schools Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

Date _____

Parent/Guardian/Custodian Signature