

STUDENT EXTRA-CURRICULAR ATOD TESTING

**Informed Consent Agreement
Ketchikan Gateway Borough School District**

I have read the attached Board Policy and Administrative Regulation 5131.61 on ATOD testing for students.

I understand that my performance as a participant 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 the Ketchikan Gateway Borough School District for the activity in which I participate.

I authorize Ketchikan Gateway Borough School District to conduct a test on a urine and/or saliva specimen, which I provide to test for ATOD. I also authorize the release of information concerning the results of such a test to the individuals identified in the Ketchikan Gateway Borough School District regulation on drug testing, AR 5131.61.

This agreement shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Signature

Date

Print Student's Name

I understand that submission to drug testing is a condition of my child's participation in school sponsored District sponsored student activities. I hereby consent to the testing of my child for ATOD and to the release of information concerning the testing as provided above.

Parent or Guardian Signature

Date

To address parental concerns about testing during the school day, we are providing an opportunity for the student to be tested before school starts in the mornings (7:30 a.m.). If you would like this opportunity, please initial the box below.

- If my student is chosen for the Random ATOD Testing, I will bring him/her to school early that morning. I understand that if I am unable to get him/her there that day, the test will be conducted during school that day.

KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT
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