

**STUDENT AND PARENT/ GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUGS  
AND ALCOHOL TESTING FOR STUDENTS PARTICIPATING OR INTENDING TO  
PARTICIPATE IN EXTRACURRICULAR ACTIVITIES**

Student Name (Print Clearly): \_\_\_\_\_ Grade \_\_\_\_\_

As a parent or guardian of a student enrolled in the Columbus Grove Local School District, I have read and understand the District's Drug Testing Policy (<http://www.neola.com/columbusgro-oh/> Policy 5330.01), which applies to high school student athletes and extracurricular participants.

Because my child participates in high school 7-12 interscholastic athletic activities and/or extracurricular activities, I hereby voluntarily consent on behalf of my student that in order for him/her to participate in such activities, my student will submit to drug/alcohol urine testing. We agree to be subject to the terms of the "Drug Testing" Board Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects as controlled by the testing vendor.

I also understand that while my child cannot be compelled to produce a specimen, the giving of a specimen when requested by the District is a condition of my child's continuing to participate in interscholastic athletic activities and extracurricular activities.

I understand that if a test of my child's specimen reveals an unexplained presence of a drug or alcohol, the District may withdraw the privilege of participating in these activities. I understand that a refusal to submit to a test will have the same consequence as if my child had tested positive.

I authorize the officers, employees, and agents of the District to communicate and share information with each other regarding my child's drug test results both orally and in writing. I understand that these results will also be available to me upon request.

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**Parent/Guardian Name (Please Print Name Clearly)**

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**Consenting Parent/Guardian Signature**

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**Date**

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**Consenting Student Signature**

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**Date**

The following section is to be completed only by a student who is over the age of 18.

Under the Family Educational Rights and Privacy Act (FERPA), the District is permitted to disclose information from your education records to your parents if your parents (or one of your parents) claim you as a dependent for federal tax purposes. Please indicate whether your parents claim you as a tax dependent.

\_\_\_\_\_ Yes. I certify that my parents claim me as a dependent for federal income tax purposes.

**OR**

\_\_\_\_\_ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

\_\_\_\_\_  
**Consenting Student Signature**

\_\_\_\_\_  
**Date**

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that the District may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by the District as appropriate.

\_\_\_\_\_  
**Consenting Student Signature**

\_\_\_\_\_  
**Date**