

NEW RICHMOND EXEMPTED VILLAGE SCHOOL DISTRICT

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Interim Treasurer
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INFORMED CONSENT AGREEMENT

I hereby consent to allow the student named on the reverse side to undergo testing for the presence of illegal/illicit drugs, alcohol, or banned substances in accordance with the Policy and Procedures for Random Drug Testing of the New Richmond Exempted Village School District Board of Education ("Board of Education" or "Board").

I understand that testing will be administered in accordance with the guidelines of the Board of Education's Drug Testing Policy.

I understand that any sample taken for drug testing will be tested only by a Board approved company.

I hereby give our consent to the company selected by the Board of Education, its employees, and/or agents, together with any company, hospital, or laboratory designated to perform testing for the detection of drugs.

I further give our consent to the company selected by the Board of Education, its employees, and/or agents, to release all results of these tests to designated Board employees and/or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

I hereby release the New Richmond Exempted Village School District Board of Education, its employees, and/or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and Section 3319.321 of the Ohio Revised Code, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

BOARD OF EDUCATION MEMBERS

Kristin Bennett Tim Dufau Tony Farmer Kim Hayden Kevin Walriven

INFORMED CONSENT AGREEMENT

STUDENT NAME _____ GRADE _____

AS A STUDENT: I understand and agree that participation in privileged activities(athletic, extracurricular, parking) may be withdrawn for violations of the New Richmond Exempted Village School District Board of Education's Random Drug Testing Policy, or have elected to voluntarily participate in the program.

I have read the Random Drug Testing Policy and thoroughly understand the consequences for violating the Random Drug Testing Policy.

I understand that when I participate in any privileged program, I will be subject to random drug testing, and if I refuse, I will not be allowed to participate in any privileged activities.

I have read the Informed Consent Agreement and agree to its terms. I understand this Agreement is binding while I am a student in the New Richmond Exempted Village School District.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN: I have read the New Richmond Exempted Village School District Board of Education's Random Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in privileged activities(athletic, extracurricular, parking) in the New Richmond Exempted Village School District, or have elected to voluntarily participate in the program.

I pledge to promote healthy lifestyles for all students in the New Richmond Exempted Village School District.

I understand that my son/daughter/ward, when participating in any privileged program, will be subject to random drug testing, and if he/she refuses, will not be allowed to participate in these privileged activities.

I have read the Informed Consent Agreement and agree to its terms.

I understand this Agreement is binding while my son/daughter/ward is a participant in privileged activities in the New Richmond Exempted Village School District.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

PHONE