

Austintown Fitch Athletic Department

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ALSD PARENT / GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG / ALCOHOL TESTING

Student Name: _____ **Sport:** _____

I hereby consent to have my son/ daughter/ ward undergo urinalysis testing for the presence of drugs or alcohol in accordance with the Austintown School District Drug and Alcohol Testing policy for Student/ Athletes.

I understand that this testing will occur according to the guidelines of the Austintown Drug and Alcohol testing policy for Student/ Athletes.

I understand that any urine samples taken for drug/ alcohol testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the Austintown Local Board of Education, its doctors, employees, or agents together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my son/ daughter for the detection of drugs/ alcohol.

I further give my permission to the medical laboratory selected by the Austintown Local Board of Education, its doctors, employees, or agents, to release all results of these tests to be designated School District employees or agents if applicable. I understand that copies of the positive, inconclusive, adulterated or suspect results will also be made available to me.

This consent will be valid for a period of one year from date of execution.

I hereby release, waive, and discharge the Austintown Local Board of Education, its individual members, employees, agents, and anyone acting on its behalf, from any and all liability claims, or causes of action arising from or related to the urinalysis drug/ alcohol testing for Athletic participation and/ or the release of confidential medical information as authorized in this form and in the Drug and Alcohol Testing Policy for Student/ Athletes.

Parent/ Guardian Signature: _____ Date: _____