

BLOOMFIELD-MESPO LOCAL SCHOOL DISTRICT
INFORMED CONSENT AGREEMENT – Drug Testing of Student Participants

AS A STUDENT:

- I understand and agree that participating in interscholastic athletics, participating in extracurricular activities and possessing parking privileges in the Bloomfield-Mespo Local School District are privileges that may be withdrawn for violating the School’s Random Drug Testing for Student Participants Policy.
- I have read the Bloomfield-Mespo Board of Education approved Policy and Procedures and understand the consequences that I will face if I am selected for a random drug test and have a certified positive result.
- I understand that I will be subject to drug testing, and if I refuse, **I WILL NOT BE ALLOWED** to participate in any interscholastic sport or extracurricular activity and will have my parking privileges revoked. Participating in an extracurricular activity or interscholastic athletics includes: attending a tryout, attending practice and participating and/or sitting with the team/club/organization at the game, practice, performance, rally or ceremony.
- I understand that the random drug testing panels can be changed during the year at the discretion of the High School Principal.
- I understand that this Agreement is binding while a student is attending Bloomfield-Mespo High School.

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Bloomfield-Mespo Board of Education approved Policy and Procedures.
 - I understand the responsibilities my child has as a student participant in interscholastic athletics, extracurricular activities, or parking privileges.
 - I understand that the random drug testing panels can be changed during the year at the discretion of the High School Principal.
 - I understand that my child may be subjected to random drug testing, and if he/she refuses, he/she will not be allowed to practice or participate in any interscholastic athletics and/or extracurricular activities and will have his/her parking privileges revoked.
 - I understand this Agreement is binding while my child attends Bloomfield-Mespo High School.
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Student’s Name _____ DOB _____ Grade Level _____

Student’s Signature _____ Date _____

Parent/Guardian/Custodian’s Name _____ Date _____

Parent/Guardian/Custodian’s Signature _____ Date _____

This form is to be submitted to the Principal’s office. Please direct questions to the High School Principal at 440-685-4711. Thank you.

The Board approved Policy and Procedures for Drug Testing of Students is posted on the district website.