

**STUDENT ATHLETE DRUG TESTING****EXHIBIT "A"****STUDENT ATHLETE DRUG TESTING CONSENT FORM**

I understand after having read the Drug Testing Policy for the Tulare Joint Union High School District, set forth in Board Policy and Administrative Regulation 5131.61, that out of concern for my safety and health, the Board of Trustees and the District have established and enforce rules and consequences regarding the use of illegal drugs and controlled substances. I realize that the personal decisions that I make daily in regard to the use of illegal drugs or controlled substances may affect my health and well-being, pose a danger to those around me, and reflect negatively upon the District athletic program with which I am associated. If I choose to violate school policy regarding the use of illegal drugs or controlled substances, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

I authorize Tulare Joint Union High School District to conduct a test on a urine specimen which I provide to test for illegal drugs and controlled substances, including but not limited to those drugs and controlled substances identified in District policy and regulation and/or set forth below. I also authorize the exchange of information concerning the results of such a test between the Tulare Joint Union High School District, my parent(s) and/or guardian(s), and the contracted drug testing agency, Recovery Resources.

This shall be deemed a consent pursuant to the Family Education Right of Privacy Act (20 U.S.C. § 1232g; 34 C.F.R. Part 99) and the Education Code (sections 49076 et seq.) for the release of the above information to the parties named above.

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Print Student's Name

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Student Signature

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Date

- 1) I agree to provide with this form a written copy of the prescription my child is presently taking or a physician's written verification of the prescription.
- 2) I agree to provide with this form written verification from a physician regarding any medical condition that prevents my student from producing a urine sample within sixty (60) minutes.
- 3) I understand test results other than Redwood Testing Laboratories will not be accepted.

**I have read and agreed to the above terms of participation of my son/daughter.**

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Print Parent/Guardian Name

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Parent/Guardian Signature

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Date

The testing service will include tests for, but not be limited to, one or more of the following illegal drugs and/or controlled substances: marijuana metabolite, cocaine metabolite, opiates, phencyclidine (PCP), amphetamines, alcohol, benzodiazepines, barbiturates, propoxyhene (Darvocet), methadone, oxycotin, designer drugs and steroids.

Parents may withdraw authorization to test students, with written notification to: Assistant Superintendent at the District Office, 426 N. Blackstone St., Tulare, California 93274. The only consequence for such withdrawal is that the student will no longer be able to participate in District athletics.