

MARSHFIELD R-I SCHOOLS

Random Drug Testing Program Participation and Consent Form for Eligibility in the Athletics/Activity Program (2021-2022 School Year)

Student's Name: _____ **Grade:** _____

As a school's participant in athletics and/or activities I understand that participation is completely voluntary. I understand that my signature below authorizes the Marshfield R-I School District to obtain a urine sample from the student whose name appears above if his/her name is selected as part of the random selection procedures of the Drug Testing Program. I also understand that currently available instant screen tests are not 100% reliable and that an instant screen test that shows positive will always be followed by a more sophisticated laboratory test for confirmation as described in the Random Drug Testing Policy. I also understand that if a student has "positive" test results, the student and parents or guardians may need to disclose to the laboratory or its medical review officer any over-the-counter or prescription medications the student is or has taken. I understand that if a violation of the drug-testing policy occurs, the parent/legal guardian of the student, building administration, and the respective coach/activity sponsor will be the only individuals made aware of this information. I further understand and agree that the Marshfield R-I School District may respond to a positive drug test result in accordance with the provisions of the Random Drug Testing Policy.

This completed form must be returned to the Junior High/High School office within 10 days from entry into school.

By checking YES and signing this form, the parent/legal guardian and student understand and agree as follows:

- The student and parent have read and understand the guidelines for participation in the Marshfield R-I School athletic/activities program as set forth in the athletic/activities handbook.
- The student is compliant with all MSHSAA and Marshfield R-I school bylaws.
If participating in a sport, the student must successfully pass a physical examination by a physician, and a copy of such examination must be on file in the athletic director's office prior to participation in practice of the sport.

____ **Yes.** I agree to participate in the Marshfield R-I random drug testing pool. I, along with my parent/legal guardian, have read and understand the guidelines set forth by the Marshfield R-I Random Drug Testing Policy. (Please sign this consent form and return it within the first ten days of school)

____ **No.** I do not agree to have my child's name placed in the Marshfield R-I random drug testing pool. I further understand that by making this decision I relinquish my child's privileges to represent Marshfield R-I Schools in extra and co-curricular activities.

Student's Signature: _____ **Date:** ____/____/____

Parent's Signature: _____ **Date:** ____/____/____

FOR OFFICE USE:

Date Received in the Principal's Office: ____/____/____

Received By: _____