



**POLARIS CAREER CENTER
INFORMED CONSENT AGREEMENT**

STUDENT NAME _____

GRADE _____

Polaris Board Policy:

5530.01 - STUDENT DRUG/ALCOHOL TESTING

The Board authorizes the Administration to establish drug/alcohol testing procedures for students wishing to enroll in or continue participating in selected career-technical programs which require curriculum and activities that expose students to health and/or security risks due to the operation of dangerous equipment or motor vehicles, the use of firearms, and/or working with or in close proximity to controlled substances.

AS A STUDENT:

- I understand and agree that participation in my program is a privilege that may be subject to discipline for violations of the POLARIS CAREER CENTER student code of conduct.
- I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the POLARIS CAREER CENTER drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in a POLARIS CAREER CENTER program.
- I understand that my son/daughter/ward, when participating in any program, will be subject to initial and / or random urine drug and alcohol testing.
- I understand this agreement is binding while my son/daughter/ward is a participant in certain programs within POLARIS CAREER CENTER per board policy 5530.01.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT GUARDIAN/CUSTODIAN PRINTED NAME

WORK PHONE



INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named to undergo drug testing while at school or offsite without a parent or guardian present for the presence of illicit drugs, alcohol, or banned substances in accordance with Policy and Procedures for Drug Testing of POLARIS CAREER CENTER.

We understand that testing will be administered in accordance with the guidelines of the POLARIS CAREER CENTER.

We hereby give our consent to the company selected by the POLARIS CAREER CENTER Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform urinalysis testing for the detection of drugs.

We further give our consent to the company selected by the POLARIS CAREER CENTER Board of Education, its employees, or agents, to release all results of these tests to designated School District employees 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.

We hereby release the POLARIS CAREER CENTER, its employees 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 the Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT GUARDIAN/CUSTODIAN PRINTED NAME

PHONE NUMBER

STUDENT SIGNATURE

DATE