

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Regulations for Random Urine Drug Testing of Manasquan School District Students** as approved by the Manasquan School District Board of Education.

We understand that the collection process will be overseen by a qualified vendor.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Manasquan School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Manasquan School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.

We hereby release the Manasquan School Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

PLEASE READ CODE OF CONDUCT AND EXPECTATIONS ON REVERSE SIDE AND SIGN!