

**PLEASANT LOCAL SCHOOLS CODE OF CONDUCT AND EXPECTATIONS
INFORMED CONSENT AGREEMENT**

Student Name: _____ Grade: _____
(Please Print)

AS A STUDENT:

I understand and agree that participation in athletic or extracurricular activities and parking on school grounds is a privilege that may be withdrawn for violations of the Code of Conduct and Expectations, hereinafter Code of Conduct.

I have read the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct. I agree to abide by all of the regulations set forth in this handbook. I also agree to abide by all guidelines set forth by the Ohio High School Athletic Association when applicable.

I understand and realize that there is risk of injury in participating in activities.

I understand that when I participate in any athletic program, extracurricular activity, and/ or receive a parking permit, I will be subjected to initial and random urine drug testing, and if I refuse, it will be treated as a positive test. I have read the consent on the bottom of this form and agree to its terms.

I understand this is binding while a student within the Pleasant Local School District.

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities and/or parking privileges in the Pleasant Local School District. I understand my son/daughter/ward agrees to abide by all of the regulations set forth in this handbook. I also understand my son/daughter/ward agrees to abide by all guidelines set forth by the Ohio High School Athletic Association when applicable.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in activities.

I understand that my son/daughter/ward, when participating in athletics, extracurricular activities and/or receiving a parking permit, may be subjected to initial and random urine drug testing, and if they refuse, will not be allowed to practice, participate, or park. I have read the consent on the bottom of this form and agree to its terms.

I understand this is binding while my son/daughter/ward is a student within the Pleasant Local School District.

Consent to Perform Urinalysis for Drug Testing

We hereby consent to allow the student named on this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedure for Random Urine Drug Testing of Pleasant Local School District Students as approved by the Pleasant Local 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 Pleasant Local 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 Pleasant Local 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 the Informed Consent Agreement will be effective for all activities in which this student might participate during the current school year.

We hereby release the Pleasant Local 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.

_____ Student Signature	_____ Date	_____ Student Cell Phone
_____ Parent/Guardian/Custodian Name (print)	_____ Date	_____ Home Phone
_____ Parent/Guardian/Custodian Signature	_____ Cell phone	_____ Work Phone