

LEXINGTON COUNTY SCHOOL DISTRICT TWO



July 25, 2016

Dear Lexington Two Students and Parent/Guardians:

In 2001 Lexington School District Two approved Board *Policy JJIE: Drug Education and Testing*. Policy requires random drug screening for high school students that participate in athletics. The district has since implemented the policy using two methods:

1. Student athletes were taken by district bus during the day to an approved area lab for screening. A school administrator serves as chaperone.
2. The student athletes were screened at the school using samples collected by the lab technician.

For school year 2015-2016, we will use Option #1. Students will be transported by bus to a local lab for the screening. A school administrator will chaperone the trip. We have determined Option #1 is the most efficient method for sample collection and testing.

For students to remain eligible to participate, this form must be signed by the student and parent/legal guardian and returned to the school coach or administrator. Failure to consent to participate in drug testing will automatically exclude students from participation. Your signature ensures:

- You hereby consent to be tested for the presence of ban drugs in accordance with the Lexington School District Two *Policy JJIE: Education and Testing Policy and Procedures*.
- You have received, read and understand the district's drug and education policy and procedures.
- You understand this testing will occur at such time or times as outlined in the policy. You agree to be transported by the school district to the testing site. You understand that any samples collected will be sent to a licensed medical laboratory for testing and samples will be coded to provide confidentiality.
- You authorize the release of the testing results to district officials as deemed appropriate. You understand the results will be made available to you.
- You understand that you are free to withdraw this consent for testing; however, you also understand that should you refuse to submit to testing at the time requested, you will be removed from participation in athletics immediately. Any refusal to be tested will be treated as a first positive drug test should you wish to consent to testing at any point after any initial refusal.
- You authorize the release of the testing results to your parent(s) and/or legal guardian(s).
- You hereby release Lexington School District Two from any legal responsibility or liability for the release of such information and records as authorized by this form.

Student Name: (Print) _____ Date: _____

Signature of Student: _____ Date of Birth: _____

Parent/Legal Guardian: (Print) _____

Signature of Parent/Legal Guardian: _____

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