

HIGHLAND LOCAL SCHOOL DISTRICT

MEDINA, OHIO

**DRUG TESTING POLICY
GENERAL AUTHORIZATION FORM**

I understand that my performance as a participant in an extra-curricular activity and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by the The Highland Local School District Board of Education and the sponsors of the activity in which I participate.

I authorize Highland Local School District to conduct a urinalysis to test for drugs and a screening for alcohol use. I also authorize Highland local school District to conduct random tests during the current sports season. I further authorize the release of information concerning the results of such a test to The Highland Local School District and to the parents and/or guardians of the student.

This shall be deemed consent pursuant to the Family Educational Rights and Privacy Act for the release of above information to the parties named above.

Student Signature

Date

Parent or Guardian Signature

Date