

# Midland Trail High School



*Home of the Patriots*

P.O. Box 89

Hico, WV 25854

Phone: 304-658-5184 Fax: 304-658-5185

## RANDOM DRUG TESTING CONSENT FORM

As an enrolled student/parent of Simulated Workplace, participant in athletics, or a student driver, I understand that the use of drugs, alcohol and other controlled substances in the workplace/school creates a safety concern for all students and employees. In the interest of creating a safe learning environment, I hereby give my consent for Midland Trail High School/Fayette County Schools to conduct random drug tests it considers necessary as outlined in the Fayette County Board of Education (FCBOE) Student Drug Testing Policy E-5 and I understand that these tests are required for enrollment in all Simulated Workplace settings, as a participant of athletics, and as a student driver.

I fully understand that as a Simulated Workplace student, participant in athletics, or a student driver, I/my child will be subject to the FCBOE Policy E-5. A copy of this policy has been made available for review, and I hereby acknowledge that I thoroughly understand its terms and provisions.

My signature hereon serves as student/parental consent:

- a) For me/my child to undergo random drug testing and to submit a urine sample for that purpose;
- b) For me/my child to be randomly drug tested in accordance with the terms of the FCBOE Policy E-5;
- c) For Midland Trail High School/ Fayette County Schools to submit me/my child's urine sample for testing for drugs/alcohol prohibited by the FCBOE Policy E-5; and
- d) For the Superintendent's Designee to obtain the results of me/my child's drug/alcohol test from a certified laboratory for use in accordance with the FCBOE Policy E-5.

I release the DRUG TESTING COMPANY, Midland Trail High School, and Fayette County Schools from any liabilities, claims and causes of action, known or unknown, contingent or fixed, that may result from these tests.

\_\_\_\_\_  
(Minor) Name (Print)Date

\_\_\_\_\_  
(Minor) Signature

\_\_\_\_\_  
Parent / Guardian Name (Print)Date

\_\_\_\_\_  
Parent / Guardian Signature

*Non-Discrimination: Fayette County Schools does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies:*

Title IX Coordinator

111 Fayette Ave Fayetteville WV 25840

304-574-1176