## BLUE MOUNTAIN SCHOOL DISTRICT CONSENT TO MANDATORY DRUG TESTING OF SAMPLES AND AUTHORIZATION FOR RELEASE OF INFORMATION (Minor)

I hereby acknowledge that I have received a copy of the Blue Mountain School District Drug Testing Policy. I further acknowledge that I have read the policy and that I fully understand the provisions of the drug testing program and agree to comply with the terms and conditions set forth by the policy.

I hereby consent and authorize the School District to collect a testing sample from my child-student and to have such sample tested for the presence of certain drugs and substances in accordance with the provisions of the policy. I further authorize the Superintendent of the School District or his/her designee to release the results of the drug testing of my child-student's sample in accordance with the policy, only when necessary, to the school principal, Athletic Director, head coach and/or advisor of any extracurricular/cocurricular activity in which my child-student participates and/or members of the Student Assistance Program.

I hereby acknowledge that this Consent shall remain valid unless and until I notify the Blue Mountain School District, by the completion of the proper forms, of my desire to remove my child-student from the School District's drug testing program.

I hereby release and discharge, for myself and my child-student, the School District and its directors, administrators, officers, employees, and agents from and of all claims, rights, expenses, debts, demands, costs, contracts, liability, obligations, actions, and causes of action of every nature, known or unknown, whether in law or equity, which I or my child-student had, now has, or may have which is in any way connected with, or arises out of the drug testing process of this policy. I understand that this waiver shall not apply with respect to claims that may arise out of the School District's failure to abide by the terms and conditions of the policy or applicable law.

Printed Student Name	Student Signature	Date
Printed Parent/Guardian Name	Parent/Guardian Signature	Date
☐ Parent/Guardian Contact Number		
Extracurricular/Cocurricular Activities		