## New London Local Schools

## **Educating Tomorrow's Leaders**

## ELIGIBLE STUDENT CONSENT TO PERFORM TESTING FOR DRUGS AND ALCOHOL

I hereby consent to have my urine collected and tested for the presence of drugs, alcohol, and nicotine in accordance with the New London Local School District Drug and Alcohol Testing Policy for Eligible Students.

I understand that any urine samples taken for such testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the New London Local School District Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing of me for the detection of drugs, alcohol, and nicotine.

I further give my permission to the medical laboratory selected by the New London Local School District Board of Education, its doctors, employees, or agents, to release all results of these tests to the designated District employees and their designees. I authorize the release of the results of such testing to my parent(s)/guardian(s).

I hereby release, waive, and discharge the New London Local School District Board of

and all liability claims or causes of action aris	agents, and anyone acting on its behalf, from any ing from or related to the urinalysis testing and/or
the release of related information.	
Student Athlete Signature	Date