

Shepherd High School
AWARENESS AND ACKNOWLEDGEMENT FORM

I, _____, understand that Shepherd High School requires students to provide a urine sample for drug testing to participate in extra-curricular activities and will be subject to random testing throughout their participation in these events, pursuant to the Shepherd High School Drug Testing Policy. I have had an opportunity to read the Shepherd High School Drug Testing Policy and I understand its terms. I hereby consent to undergo/have my student undergo urinalysis and/or alcohol testing for the presence of drugs or alcohol, in accordance with the Shepherd High School Drug Testing Policy.

Urine Samples will be collected on behalf of Shepherd High School by Chemnet Consortium. I hereby give my consent to Chemnet Consortium, its employees, or agents to perform urinalysis, breath alcohol, and/or tobacco and vaping product testing on me/my student as required by this policy.

I understand that this consent and authorization shall continue until the student's graduation from high school or until I revoke it. I understand that I may revoke my consent and authorization at any time by sending a written request to Shepherd High School that I no longer give consent to perform drug testing or authorization to release the results of such testing to Shepherd High School. I understand that refusal to provide consent will render me/my student unable to participate in extra-curricular activities.

I understand that when information is disclosed pursuant to this authorization, the information may no longer be protected by federal or state privacy rules and may be subject to disclosure by the recipient of the information.

I hereby release, waive and discharge Shepherd High School and Chemnet Consortium, and their respective employees, and representatives from any and all claims or causes of action arising from or related to the urinalysis drug testing and/or the release of related information as authorized in this form and/or related to the implementation of the Shepherd High School Drug Testing Policy.

Student Name (Please Print)

Signature

Date

Parent/Guardian (Please Print)

Signature

Date