

**OLDHAM COUNTY BOARD OF EDUCATION  
ADMINISTRATIVE REGULATION – 9090.01-F**

**STUDENT and PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS  
FOR RANDOM DRUG TESTING**

**Relates to:      OCBE Policy 9090, OCBE Administrative Reg. 9090.01-AR**

The undersigned hereby consents for himself/herself or for his or her son/daughter to undergo urinalysis testing for the presence of drugs for a calendar year in accordance with the Oldham County Board of Education (OCBE) Drug Testing Program and pursuant to OCBE Policy 9090 and OCBE Administrative Regulation 9090.01-AR.

The undersigned understand that this testing will occur according to the guidelines of the random drug testing procedure, 9090.01-AR.

The undersigned understand that any urine samples will be sent only to Baptist Healthcare Affiliates, Inc. d/b/a Baptist Hospital Northeast and/or Baptistworx, hereinafter referred to as “Baptist Hospital Northeast,” the licensed medical laboratory selected by the OCBE for actual testing, and that the samples will be coded to provide confidentiality.

The undersigned hereby gives consent to Baptist Hospital Northeast, its doctors, employees or agents, together with any clinic, hospital or laboratory designated by Baptist Hospital Northeast to perform urine tests for the detection of drugs.

The undersigned further gives permission to Baptist Hospital Northeast, its doctors, employees or agents, to release all results of these tests to the OCBE Director of Pupil Personnel (DPP) or his designee. These results will also be made available to us if a second (confirmation) test indicates the presence of a drug(s). In the event that the testing confirms a positive result, we further authorize the DPP to release these results to the appropriate Principal and, for students in extracurricular activities, the Coach or sponsor. If taking prescription or over-the-counter medication, or herbal supplements or vitamins that may impact the results of the drug testing, we agree to either consent to the release of this information to the OCBE, or to provide any requested medication information within 5 business days of the OCBE’s request for such information.

We understand that this Consent is effective for twelve (12) calendar months from the date of signing for students participating in competitive extra-curricular activities. Students in the voluntary program will be eligible for testing between the date of signing and the last day of the current school year.

We understand and agree that for students, the OCBE will be responsible for the cost of randomly-performed drug tests.

We hereby release the OCBE, its members, employees and agents and Baptist Hospital Northeast, its doctors, employees and agents from any legal responsibility or liability for the release of such information and records as authorized by this form.

Extra-curricular program participant  
Voluntary program participant

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian