

CONSENT TO STUDENT DRUG TESTING/AUTHORIZATION TO RELEASE INFORMATION

I understand that Billings Catholic Schools requires students to provide a urine sample for drug testing prior to the start of each athletic season or the start of each co-curricular activity in which the students will participate, and thereafter be subject to random testing throughout their participation in these events, pursuant to the Billings Catholic Schools Activity Drug Testing Policy. I have had an opportunity to read the Billings Catholic Schools Activity Drug Testing Policy and I understand its terms. I hereby consent to undergo/have my child undergo urinalysis testing for the presence of drugs, in accordance with the Billings Catholic Schools Activity Drug Testing Policy.

Urine samples will be collected on behalf of Billings Catholic Schools by Billings Clinic. I hereby give my consent to Billings Clinic, its doctors, employees, or agents, together with any third party designated by Billings Clinic, to perform urinalysis testing on me/my child for the detection of drug use.

I further give my permission to Billings Clinic, its doctors, employees, or agents to release the results of these tests to Billings Catholic Schools only for the purposes related to enforcing the Billings Catholic Schools Activity Drug Testing Policy. I understand that a Medical Review Officer from Billings Clinic may contact the participant to obtain additional information in order to make a determination on the test results.

I understand that the results of the drug test will not become a part of the student's medical record at Billings Clinic, and will not be subject to release pursuant to Billings Clinic's medical record release policies and procedures.

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 Billings Catholic Schools and Billings Clinic stating that I no longer give consent to perform drug testing or authorization to release the results of such testing to Billings Catholic Schools. I understand that I can refuse to provide this consent and authorization without it affecting the care that I or my child receives at Billings Clinic. 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 redisclosure by the recipient of the information.

I hereby release, waive and discharge Billings Catholic Schools and Billings Clinic, and their respective agents, 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 Billings Catholic Schools Activity Drug Testing Policy.

Student's Name: _____ Signature: _____ Date: _____
(Please print)

Parent/Guardian Name: _____ Signature: _____ Date: _____
(Please print)