

# OLD FORT LOCAL SCHOOL DISTRICT

## Home of the Stockaders

### OLD FORT ELEMENTARY (K-6)

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### BOARD OF EDUCATION

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### OLD FORT HIGH SCHOOL (7-12)

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**Steve Anway, Superintendent**

**John Kahmann, Treasurer**

### Prevention not Punishment

Enrollment Form/Drug-Free Pledge

#### ***Student:***

I promise today that I will not take any harmful or illegal substances for entertainment, to impress my friends or to relieve stress. I know the effects that drugs can have on a person's life. I am aware that drugs may injure or kill me, as well as hurt my family, friends and others who care about me. Furthermore, I agree to take the necessary actions to help my friends and family members to stay drug and alcohol free.

With parent or guardian approval I agree to participate in a voluntary random drug screening program until I graduate from High School. This requires me to provide a saliva sample, which will be screened for the most commonly abuse drugs.

Participating in this drug screening program puts a commitment behind my pledge. I have been informed that all testing and results are completely confidential. Results, both positive and negative are disclosed only to my parent or guardian.

\_\_\_\_\_  
(Print Here)

\_\_\_\_\_  
(Sign Here)

\_\_\_\_\_  
(Date)

#### ***Parent/Guardian:***

I  allow my child to participate in a random drug screening program to test for the most commonly abused drugs.

I  am my child's parent or legal guardian who has the authority to enter into said agreement with my child who will be tested for the most commonly abused drugs.

The drug screening will be conducted by a Seneca County General Health nurse. Screening results, both positive and negative, will be provided to you in writing. This drug screening is free of charge. Participation in the random drug screening program allows the student to have what is viewed by their peers, a legitimate reason to say "no" without affecting their social standing.

Please read and initial the liability release of all claims below:

I have read this form and am aware of and understand that in consideration of (in exchange for) the right of my child to participate in the random drug screening program. I have the authority to enter into this agreement on behalf of my child. I agree to indemnify the Program Partners staff or volunteers from any and all manner of actions, suits, claims, demands, judgments, damages and liability in law and equity which may arise or result from my child's participation in above mentioned drug screening program including costs and reasonable attorney fees.

\_\_\_\_\_  
(initial here)

\_\_\_\_\_  
(Print Here)

\_\_\_\_\_  
(Sign Here)

\_\_\_\_\_  
(Relationship to Student)

\_\_\_\_\_  
(Street Address; City, Zip Code)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Child's Date of Birth)

\_\_\_\_\_  
(Graduation Year)