

Gadsden City Board of Education Drug Free School Policy
Student Consent and Release Form

I, _____ have read the above statement of policy and agree to abide by the Board's drug and alcohol rules. I understand that no Activity or Parking Student testing positive, refusing to test, refusing to cooperate with testing, or being in violation of this policy will be penalized academically.

_____ I agree to submit to drug and/or alcohol tests in accordance with the Policy as a
(Initials) condition of my initial or continued participation in extra-curricular activities or to have the privilege of driving or parking on campus.

_____ I agree to voluntarily submit to drug and/or alcohol tests at any time.
(Initials)

Students, you are only required to sign this release if you: Park on Campus; Are a member of a Club; Are a Class Officer; Are involved in any other extracurricular activity, Band and/or Athletics.

I do hereby give my consent to the School Board to collect a specimen from me, and I further give my consent to the Board to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and/or alcohol and then to transmit the results to the Board's Medical Review Officer (MRO).

I authorize any laboratory or MRO to release test results to the Gadsden City School System. I authorize the MRO to release final test results to the Board.

I also expressly authorize the Board or its MRO to release any test-related information, including positive results:

- (a) As directed by my specific, written consent authorizing release of the information to an identified person.
- (b) To my decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf.

I understand that the refusal to submit to testing or a positive or adulterated test result will affect my initial or continued participation in extra-curricular programs or driving or parking on campus for Gadsden City Schools and result in consequences as described in the Gadsden City School System Drug-Free School Policy.

_____ Student

_____ Date

_____ Parent or Guardian

_____ Date

_____ Witness

_____ Date