

*Please return this form to the Drug Program Coordinator

**Franklin County Board of Education
Voluntary Drug Policy Consent Form**

Student Information

Student Name: _____ Grade: 7 8 9 10 11 12

Birth Date: _____ SS# or School Identification # _____

I have read and understand the Franklin County Competitive Extracurricular Substance Abuse Program policy procedure and penalties and am requesting that my name be placed in the drug testing pool along with the competitive extracurricular students. I agree to abide by these rules regarding the possession and use of prohibited substances. I agree to submit to prohibited substance screenings as outlined in the Franklin County Competitive Extracurricular Substance Abuse Program Policy and Procedures. I specifically consent to allow urine, breath, saliva, and/or hair samples to be taken in accordance with the Board's Drug Testing Agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board and its Medical Review Officer (MRO). I authorize the MRO to release final test results to the parent/guardian and the Franklin County Board and Drug Testing Coordinator.

I also expressly authorize the Franklin County 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 or on behalf of myself.

I understand that unless my parent or guardian contacts the Drug Testing Coordinator after the first year, and makes a formal request to remove my name and social security number from the testing pool, my name will automatically be re-entered into the testing pool each year.

Student Signature

Home Telephone

Date _____

Parent Signature

Parent's Work Telephone

Date _____

**Franklin County Board of Education
Drug Policy Consent/Release Form**

Student Information

Student Name: _____ Grade: 7 8 9 10 11 12
 Birth Date: _____ SS# or School Identification # _____
 Extracurricular Activity: Football Basketball Baseball Softball Track Clubs _____

Student Driver on Campus Yes or No

I have read and understand the Franklin County Competitive Extracurricular Substance Abuse Program policy procedure and penalties and agree to abide by these rules regarding the possession and use of prohibited substances. I agree to submit to prohibited substance screenings as outlined in the Franklin County Competitive Extracurricular Substance Abuse Program Policy and Procedures as a condition for my initial or continued participation in competitive extracurricular activities. I specifically consent to allow urine, breath, saliva, and/or hair samples to be taken in accordance with the Board's Drug Testing Agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board, its Medical Review Officer (MRO). I authorize the MRO to release final test results to my parent/guardian and the Franklin County Board and Drug Testing Coordinator.

I also expressly authorize the Franklin County 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 or on behalf of myself.

I understand that this agreement in no way limits my right to terminate or to be terminated from student activity participation.

I understand that unless my parent or guardian contacts the Drug Testing Coordinator after the first year, and makes a formal request to remove my name and social security number from the testing pool, my name will automatically be re-entered into the testing pool each year.

Student Signature

Home Telephone

Date

Parent Signature

Parent's Work Telephone

Date

I hereby refuse to undergo screenings for alcohol and other drugs. With my refusal, I understand that I will not be permitted to participate in extracurricular activities or to have the privilege of participating in Extracurricular Activities during the school year.

Student Signature

Date

Parent/Guardian Signature

Date

**FRANKLIN COUNTY BOARD OF EDUCATION
STUDENT PARKING PRIVILEGES SUBSTANCE ABUSE CONSENT/RELEASE FORM AND
ACKNOWLEDGMENT CONCERNING USE OF STUDENT PARKING LOTS**

Student Information

Student Name: _____

Grade: 7 8 9 10 11 12
Please Circle

Birth Date: _____ SS# or School Identification # _____

I understand that it is a privilege, not a right, to participate in the Parking Privileges Program offered by the Franklin county Board of Education, and that I must comply with the Parking Privileges Program Substance Abuse Policy in order to be given the privilege to participate in the program.. I have read and understand the Franklin County Parking Privileges Substance Abuse Program policy procedures and penalties and agree to abide by these rules regarding the possession and use of prohibited substances. I agree to submit to prohibited substance screenings, as outlined in the Franklin County Parking Privileges Substance Abuse Program Policy and Procedures, as a condition for my initial or continued participation in parking privileges. I specifically consent to allow urine, breath, saliva, and/or hair to be taken in accordance with the Board's policy and procedures and consent to allowing those samples to be forwarded to the Board's Drug Testing agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board, the Medical Review Officer, the Drug Program Coordinator, and to local school Administrators.

I also expressly authorize the Board and/or the 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 the finder of fact in any lawsuit, grievance, or other proceeding initiated by or on behalf of myself, and/or (c) under compulsion of law.

I understand that the refusal to submit to testing for the use of prohibited substances will prohibit me from my initial and continued participation in the parking privileges offered by the Franklin County School System. I also understand that: The Franklin County School System retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property, The Franklin County School System may inspect the interiors of student automobiles whenever a school official has reasonable suspicion to believe illegal, unauthorized, and/or contraband materials are contained inside the automobiles; Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant; and if a student fails to provide access to the interior of his/her car upon request by a school official, the student will be subject to school disciplinary action.

This document will remain in effect and serve as my continued consent and release while I am a student in the Franklin County School System, unless and until revoked by me in writing.

_____ Student Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
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VEHICLE INFORMATION

Tag No. _____	Year of Vehicle _____
Make of Vehicle _____	Color of Vehicle _____
Owner of Vehicle _____	Owner's Phone _____
Student's Driver's License No. _____	Insurance Co. for Vehicle _____
Vehicle VIN# _____	Car Decal Number _____

*Keep a copy of this on file at your school.