

# Mobile County Public School System

## Drug Free Schools Program

### Student Consent and Release Form

I, \_\_\_\_\_ (student's name and grade) have read the Drug Free Schools information provided and agree to abide by the Mobile County Public School System's Drug Free Schools Program rules and regulations. I understand that no Activity, Parking or Volunteer student testing positive, refusing to test, refusing to cooperate with testing or being in violation of this program will be penalized academically.

\_\_\_\_\_  
(Student's initials) I agree to submit to drug and/or alcohol tests in accordance with the rules and regulations of the program as a 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.  
(Student's initials)

Student, you are required to sign this release form if you are an Activity, Parking or Volunteer student. Please list below all extra-curricular activities, including operating/parking a motor vehicle on campus, that you are already or will be participating in this school year.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

I do hereby give my consent to the Mobile County Public School System to collect a specimen from me, and I further give my consent to the Mobile County Public School System 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 Mobile County Public School System's Medical Review Officer (MRO).

I authorize the testing laboratory or MRO to release test results to the Mobile County School System Drug Free Program Liaison.

I also expressly authorize the Mobile County Public School System or its MRO to release any test-related information, including positive results as directed by my specific, written consent authorizing release of the information to an identified person.

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 the campus of any Mobile County Public School and result in interventions and consequences as described in the Mobile County Public School System's Drug Free Schools Program's rules and regulations.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date