

JC-465
Exp. 07/2020
Rev. 07/2015

The School Board of Jackson County
Marianna, FL 32447

Student Random Drug and Alcohol Test Consent Form

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth the by the School Board of Jackson County and the sponsors for the activity in which I participate.

I authorize the School Board of Jackson County to conduct an Alcohol and Drug Test on-site if my name is drawn for random pool. Pursuant to the Student Random Drug Testing Policy, I authorize the following:

1. School Board of Jackson County to release specimens to the testing laboratory(ies).
2. Test laboratory(ies) to release test results to designated Medical Review Officer (MRO).
3. Medical Review Officer to release test results to the School Board of Jackson County constant person.
4. School Board of Jackson County to release individual student name, parents name and phone number to MRO regarding all positive drug test results.

I understand that I may also be randomly drug tested throughout the remainder of the year.

Student Name (Please Print)

Grade

Student Signature

Date

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Home Phone

Parent/Guardian Work Phone

Parent/Guardian Cell Phone

I plan to participate in the following activities:

_____ Athletics (*please specify*) _____

_____ Extra-Curricular/Clubs (*please specify*) _____

_____ I drive myself to school on a daily basis.

STATE OF FLORIDA

COUNTY OF JACKSON

Sworn to and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who provided

_____ as identification. _____

Notary Signature