

YEAR: \_\_\_\_\_

**St. Clair County Board of Education  
Student Drug Testing Policy Consent/Release Form**

**This form is to be completed for any student in grades 7-12 who participate in Sports, Extra Curricular Activities or Student Drivers.**

By signing this release, a student and his/her Parent/Guardian will be deemed to have given the following consent and release, and to have acknowledged the following:

I have read the St. Clair County Board of Education Policy Statement for Drug Testing of Extracurricular Activity Students and Students with Parking Privileges and the St. Clair County Board of Education Drug and Alcohol Program Procedures, and I agree to abide by the St. Clair County Board of Education's rules regarding Prohibited Substances. I agree to submit to drug and/or alcohol tests at any time as a condition for my initial or continued participation in extracurricular activities. I authorize any laboratory or medical provider to release test results to the Board, its Medical Review Officer, and to school officials who have a need to know. I authorize the Medical Review Officer (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 any decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf; or,
- c. Under the compulsion of law.

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

I understand that once I am enrolled in the program, I will remain in the program for the entire school year.

**List Sports/Extra Curricular Activities/Student Driver for which you seek eligibility:**

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date