

Consent / Release Form

Extracurricular Activities Name (Please Print)

CONSENT TO TESTING OF URINE SAMPLES AND AUTHORIZATION FOR RELEASE OF INFORMATION

To: Scott County School District Board of Education, Athletic Director, Coaches, and Administrative Personnel

I hereby acknowledge that I have received a copy of the Scott County Drug Testing Policy and Procedures. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program, and agree to comply with the rules and regulations of the Scott County School District in this policy.

I hereby consent to have a sample of my urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Scott County School District Drug Testing Policy and at other such times, as urinalysis is required under the program.

I further authorize you to make confidential release to the school principal, district superintendent or his/her designee, athletic director, my parent(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a team member, and/or the drug counseling program, all the information and record, including test results, you may have relating to the screening or testing of my urine samples in accordance with the provision of the Scott County Drug Testing Policy, which is applicable to extracurricular activities of the Scott County School District. To the extent set forth in this document, I waive any privilege I have in connection with such information.

I understand that any urine samples will be sent to a laboratory designated by the Scott County School District for actual testing.

The Scott County School District Board of Education and its officers, administrators, employees, and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

Printed Student Name

Student Signature

Date

We the parent(s) or legal guardian(s) of the above student, join in the above statement for the minor student.

Printed Parent Name

Parent Signature

Date

Witness Date