

ST. CLAIR COUNTY BOARD OF EDUCATION

STUDENT CONSENT / RELEASE FORM

I have read and understand the St. Clair County Student 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 at any time as a condition for my initial or continued participation in competitive extra curricular activities sponsored by the school system. I specifically consent to allow urine, breath, hair and/or blood samples 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 medial provider to release test results to the Board, the Medical Review Officer, the Drug Program Coordinator, and to local school officials who have a need to know.

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 competitive extra curricular activities sponsored by the St. Clair County Board of Education.

I understand that it is a privilege, not a right, to participate in school sponsored competitive extra curricular activities offered by the St. Clair County Board of Education, and that I must comply with the Student Substance Abuse Policy in order to be given the privilege to participate in these events.

This document will remain in effect and serve as my continued consent and release for the school year noted below while I am a student in the St. Clair County Schools, unless and until revoked by me in writing.

SCHOOL YEAR \_\_\_\_\_

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date