

2020-2021
DRUG TESTING PROGRAM
ACKNOWLEDGMENT/CONSENT

I have read and understand the Coffee County School System Student Drug Testing Program procedures and penalties located on page 65 of the Parent/Student Information Guide. I agree to submit to prohibited substance screenings at any time as a condition for my continued participation in competitive extracurricular activities and/or for my privilege of driving a vehicle on school property and parking a vehicle on school property. I specifically consent to allow urine and breath samples to be taken in accordance with the Board's Drug Testing Agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board and local school officials who have a need to know.

I also expressly authorize the Board and/or local school officials 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 (a) my continued participation in the competitive extracurricular programs, and (b) my privilege of driving and/or parking a vehicle on school property program offered by the Coffee County Board of Education.

I understand that the Coffee County Board of Education offers, as a privilege not a right, programs of competitive extracurricular activities and driving/parking on school property. I understand that I must comply with the Coffee County Board of Education Student Drug Testing procedures in order to be given privileges to participate/attend these activities. I understand that positive test results will terminate my rights to participate/attend extracurricular activities and to drive/park on school property.

If I choose not to participate in competitive extracurricular programs or drive and/or park a vehicle on school property, then my parent/guardian must contact the principal and make a formal request in writing to have my name and social security number removed from the testing pool. If I am removed from a competitive extracurricular program by a coach or sponsor for any reason, my name will continue to be in the testing pool. This will allow me to be eligible if I participate in the next seasonal activity. If I lose my privilege to drive or park on school property for any reason, my name will continue to be in the testing pool. This will allow me to be eligible to resume my privilege at the first opportunity.

Student Name (Print)

Student Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

This form is to be filed by grade level/school year in counselor's office.

Please detach this page after signing and have the student return it to their homeroom teacher.