



LIMESTONE COUNTY SCHOOLS

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Limestone County Board of Education Drug Testing Consent/Release Form

I have read and understand the Limestone County Board of Education policy regarding drug testing of students. I consent to allow urine samples to be taken for random testing of prohibited substances. I specifically authorize Medical East to release all test results to the Limestone County Board of Education and their designee as well as its Medical Review on Staff and my parents or legal guardian(s). I also authorize the Board to release any information about my drug screen, including the results if I decide to engage in related legal Proceedings. I also understand that my participation in student extra-curricular activities will depend upon the results of my drug screen and if I refuse to submit to testing, I will not have the privilege to be allowed to participate in student extra-curricular activities. I do understand that all drug testing will take place on the high school campus at the direction of the Medical East staff, local school Athletic Director, and the Limestone County Schools Director of Athletics. I hereby will abide by the policy set by the Limestone County Board of Education for duration of time that I am a student of Limestone County Schools.

STUDENT INFORMATION:

Student Name: _____ Student Date of Birth: _____

School Name: _____

School Activity(s): _____

Printed Name Of Student

Signature of Student

PARENT/GUARDIAN INFORMATION:

Printed Name Of Parent/Guardian

Signature of Parent/Guardian