Mobile County Public School System

Drug Free Schools Program

Student Consent and Release Form

I,		(student's name and grade) have re-	
	provided and agree to abide by the Mobile		
	ons. I understand that no Activity, Parking		refusing to test, refusing to
cooperate wi	th testing or being in violation of this prog	am will be penalized academically.	
	I agree to submit to drug and/or alcohol tests in accordance with the rules and regulations of the		
(Student initials)			
	have the privilege of driving or parking of	n campus.	
 .	I agree to voluntarily submit to drug and	or alcohol tests at any time.	
(Student initials)			
Ctudont von	y are required to gian this release form	f way and an Activity Danking on V	aluntaan atudant Dlaga
	u are required to sign this release form	•	
	ll extra-curricular activities, including vill be participating in this school year.	operating/parking a motor venicle	on campus, mat you are
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I do hereby	give my consent to the Mobile County Pu	olic School System to collect a specir	nen from me, and I further
give my con	sent to the Mobile County Public School	System to forward the sample(s) to the	ne testing laboratory for its
performance	of appropriate tests thereon to identify the	presence of drugs and/or alcohol and	then to transmit the results
to the Mobile	e County Public School System's Medical	Review Officer (MRO).	
	·	, ,	
I authorize th	ne testing laboratory or MRO to release tes	results to the Mobile County School	System Drug Free Program
Liaison.	•	•	
I also expres	ssly authorize the Mobile County Public S	chool System or its MRO to release as	ny test-related information,
	ositive results as directed by my specific		
identified per			
•			
I understan	d that the refusal to submit to testing o	a positive or adulterated test resu	lt will affect my initial or
	articipation in extra-curricular progran		
	ool and result in interventions and con		
	rug Free Schools Program's rules and re	_	
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	Ct-1		
	Student's Signature	ı	Date
	Parent/Guardian		Date
	Witness' Signature		Date
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