Drug Free Schools Program Consent and Release Form

I, _____ ,student's name), have read the Drug Free schools information provided and agree to abide by the Mobile County Public School System's Drug Free Schools Program rules and regulations. I understand that I will not be penalized in any way for participating in this program.

___ (student initials) I volunteer to submit to drug testing in accordance with the rules and regulations of the Drug Free Schools Program.

I do hereby give consent to the Mobile County Public School System to collect a specimen from me, and I further give my consent to the Mobile County School System to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and then to transmit the results to the Mobile County Public School System's Medical Review Officer (MRO).

I authorize the testing laboratory or MRO to release test results to the Mobile County School System Drug Free Program Liaison.

I also expressly authorize the Mobile County Public School System or its MRO to release any test-related information, including positive results as directed by my specific, written consent authorizing release of the information to an identified person.

I understand that refusal to submit to testing or a positive adulterated test result will be reported to the parent and principal.

Student Name: _____

Student Signature: _____ Date: _____

School Name: **Baker High School**

Parent Signature: _____ Date: _____