

## Drug Free Schools Program Consent and Release Form

Parent/Guardian's Signature

## YES to the TEST parents for drug-free schools

Date

I,	(PRINT student's name),	have read the Drug Free Schools information pro-
regulations. I under	bide by the Mobile County Public Scho	ol System's Drug Free Schools Program rules and steer student testing positive, refusing to test, refusing
I agr (Student initials)	e e	s in accordance with the rules and regulations of the or continued participation in extra-curricular activing or parking on campus.
I agr (Student initials)	ee to voluntarily submit to drug and/or	alcohol tests at any time.
further give my con ratory for its perform	sent to the Mobile County Public Schoo	chool System to collect a specimen from me, and I of System to forward the sample(s) to the testing laborentify the presence of drugs and then to transmit the lal Review Officer (MRO).
I authorize the testing Program Liaison.	ng laboratory or MRO to release test res	ults to the Mobile County School System Drug Free
	ositive results as directed by my specific	System or its MRO to release any test-related infor- , written consent authorizing release of the informa-
continued participa Public School and r	tion in extra-curricular programs or dri	ve or adulterated test result will affect my initial or ving or parking on the campus of any Mobile Count as described in the Mobile County Public School.
Si	tudent's Signature	School/grade level