

CONSENT TO TESTING OF SPECIMENS

AND AUTHORIZATION FOR RELEASE OF INFORMATION

TO: Itawamba County School District Board of Education, Athletic Director, Band Director, Sponsors, Choral Director and Administrative Personnel

I hereby acknowledge that I have received a copy of the Itawamba County school District Drug and Alcohol Testing Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Itawamba County School District in this policy.

I hereby give consent to have a sample of my blood, hair, breath, saliva or urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Itawamba County School District Drug and Alcohol Testing Policy and at other such times as is required pursuant to said policy.

I further authorize the Itawamba County School District or its designee to made confidential release to the school principal, district superintendent or his designee, athletic director, my parents(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a member, band director, any club sponsor, the designated school district representative and/or the drug counseling program, all the information and record, including test results, you may have relating the screening or testing of my blood, hair, breath, saliva or urine samples in accordance with the provisions of the Itawamba County School District Drug and Alcohol Testing Policy. To the extent set forth in this document, I waive any privilege I have in connections with such information.

I understand that my blood, hair, breath, saliva or urine specimens may be sent to a laboratory designated by the Itawamba County School District for actual testing.

The Itawamba County School District Board of Education and its officers, administrators, employees and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

PRINTED STUDENT NAME STUDENT SIGNATURE DATE

We the parent(s)/legal guardian(s) of the above student join in the above consent.

PRINTED PARENT(S) LEGAL GUARDIAN(S) NAME PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE DATE

ITAWAMBA COUNTY SCHOOL DISTRICT RELEASE FROM LIABILITY

The Itawamba County School District Board of Education and its officers, administrators, employees and agents are hereby released from responsibility and/or liability of any actions caused by the student's positive drug or alcohol test result. As students and parents we attest that said student is drug free and physically fit to participate in extracurricular activities.

STUDENT SIGNATURE DATE

PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE DATE

**ITAWAMBA COUNTY SCHOOL DISTRICT**

**RELEASE FROM LIABILITY**

I, \_\_\_\_\_ do hereby give my consent to the Itawamba County School District to collect a sample of my blood, hair, breath, saliva or urine on this date, and I further give my consent to the District to forward the specimen(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs. I further give the laboratory my permission to release the results of such tests to the Medical Review Officer, if appropriate. I understand that the refusal to submit to testing or a positive test will affect my initial or continued participation on extracurricular programs with the Itawamba County School District and will affect my privilege of driving or parking an automobile on Itawamba County school District Property and will result in disciplinary action as described in the Itawamba County School District Drug and Alcohol Testing Policy.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT PRINTED NAME

**ITAWAMBA COUNTY SCHOOL DISTRICT**

**RELEASE FROM LIABILITY**

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\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE

\_\_\_\_\_  
DATE