

Franklin County Schools
Drug Testing of Student-Athletes
Consent Form for the 20___ - 20___

Please print the following information—

Student's Legal Name _____
Last First Middle

Birthday _____

Home Address _____
Street City Zip Code

Home Telephone Number (_____) _____ School _____

This consent form shall serve as the only needed consent form to drug-test the above named student-athlete for all sports in which he/she chooses to participate for this school year.

We/I hereby consent to have a urine sample collected and tested for the presence of drugs in accordance with the "Drug Testing of Student-Athletes" Policy of the Franklin County Board of Education.

We/I understand that mandatory drug test(s) will occur prior to the beginning of the sport season and then random testing throughout the sport season.

We/I understand that the collected samples will be sent only to a licensed testing laboratory for actual testing, and that samples will be coded to provide confidentiality.

We/I hereby authorize the release of such test results to the Director of Schools/designee. We/I also authorize the release of such test results then to the school principal, the athletic coach, and the parent(s) or guardian(s).

We/I understand that the student is free to withdraw this consent in writing at any time. However, we/I also understand that should the student refuse to submit to testing at the time requested the student will not be permitted to participate in any athletic practice or competition for the duration of the particular sport season.

We/I hereby release the Franklin County Board of Education and the employees thereof, the contracted licensed medical agency along with their affiliated Medical Review Officer (MRO), as well as the following schools: FCHS, Huntland, North Middle, and South Middle from any and all liability that might otherwise arise from the testing procedures and from the release of such information and records pertaining thereto as authorized on this form to the persons listed hereinabove.

We/I hereby give our/my consent for drug testing and we/I have been provided a copy of the drug testing policy.

 Signature of Student-Athlete

 Date

 Signature of Parent/Guardian (if student is a minor)

 Date