

ALEXANDER CITY BOARD OF EDUCATION

STUDENT CONSENT/RELEASE FORM FOR PROHIBITIVE SUBSTANCE TESTING

We have read the *Alexander City Schools Students Substance Abuse Policies* (5.91 & 5.92) and the related *Prohibitive Substance Testing Procedures for Students Participating in Extracurricular Activities or Students with On-Campus Parking Privileges*. We agree to abide by such policies and procedures. We agree that the below signed student will submit to prohibitive substance testing at any time as a result of his/her initial or continued participation in school-sponsored extracurricular activities and/or on-campus parking privileges. We authorize any laboratory or medical provider to release these results to the Alexander City Board of Education or its designee and the MRO. We authorize the MRO to release final test results to the student, parent/guardian, and DTC. We authorize the DTC to release information to the school officials who have the need to know such as the Board of Education, Superintendent, school principal, the coach or sponsor of the activity or activities, from which the student is suspended, and the counselor or counseling agency responsible for mandated counseling.

We also expressly authorize the DTC or MRO to release any test-related information, including confirmed positive results, in accordance with the federal Family Education Rights and Privacy Act (FERPA),

(A) As directed by the parents or guardian's specific, written consent authorizing the release of the information to an identified person; and/or

(B) To the parent or guardian's decision maker in a lawsuit, grievance, or other proceeding initiated by or on behalf of the student-participant.

We understand that this agreement in no way limits the below named student's right to terminate athletic or extracurricular activity participation or to be terminated from such activity participation by the coach or sponsor.

***REFUSAL TO SUBMIT TO THIS POLICY WILL DISQUALIFY THE STUDENT FROM ON-CAMPUS PARKING PRIVILEGES AND/OR EXTRACURRICULAR PARTICIPATION.**

STUDENT/STUDENT PARKING ON-CAMPUS

DATE

STUDENT ID NUMBER / SOCIAL SECURITY NUMBER

PARENT OR LEGAL GUARDIAN

DATE

CONTACT INFORMATION

PRINT STUDENT NAME: _____ **HOMEROOM:** _____

Student's Address: _____

Home Telephone: _____

Students Cell Phone #: _____

Students' e-mail Address: _____

Guardian #1: Name: _____ Relationship to Student: _____

Cell Phone #: _____

Guardian #2: Name: _____ Relationship to Student: _____

Cell Phone #: _____

_____ **Parking Privileges ONLY**

_____ **Extracurricular Activity Participant**

****PLEASE COMPLETE THE ABOVE FORM, DETATCH AND RETURN TO YOUR CHILD'S SCHOOL FOR PARKING AND EXTRACURRICULAR PARTICIPATION**