

Madison County Schools

Student Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities and driving on campus in the schools of the Madison County School District is a privilege. Activity Students and Student Drivers have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible examples of conduct by avoiding the use or possession of illegal or performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extracurricular activities and for driving a vehicle on school campuses in the Madison County School District. For the safety, health, and well being of all students, Madison County Schools has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities, whether or not the activity is in off season or in season (an "Activity Student"), and students who purchase a parking decal/permit to drive on campus (a "Student Driver")

Participation in Extra-Curricular Activities

Each Activity Student or Student Driver shall be given a copy of the Student Random Drug Testing Policy and Student Drug Testing Consent Form. Both the student and the student's parent or legal guardian must read, sign, and date the Student Drug Testing Consent Form before the student shall be eligible to practice or participate in the listed extracurricular activity or purchase a parking decal/permit to drive on campus. To be eligible to participate in or practice with certain extracurricular activities or to purchase a parking decal/permit to drive on campus, the consent shall be (a) to give a urine sample; (b) if chosen on a random selection basis; or (c) at any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by this policy or to purchase a parking decal/permit unless the student has returned the properly signed Student Drug Testing Consent Form.

Student's Last Name

First Name

Middle Name

I have read the "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form," and I understand that, out of care for my safety and health and the health and safety of others, Madison County Schools enforces the rules applying to the use or possession of illegal and performance-enhancing drugs. As a member of my school's extracurricular activity or as a student driver on campus, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect my health and well being, possibly endanger those around me, and reflects poorly upon any organization with which I am associated.

Signature of Student

Date

We have read and understand Madison County Schools "Student Random Drug Testing Policy" and "Student Drug Testing Consent Form." We desire that the student named above participate in the extracurricular activities of Madison County Schools and/or be allowed to drive on campus, and we hereby voluntarily agree that our child or ward and we are subject to terms of the Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further authorize the independent testing laboratory adopted by Madison County Schools to disclose all drug testing lab results and related information for the child named in this consent form to Madison County Schools for the purpose as provided in the policies and procedures adopted by the District for the voluntary drug test program. We understand that we may revoke this authorization at any time by written notice to the District and the independent testing laboratory. We acknowledge that any such revocation will not be effective as to any disclosures made prior to receiving such revocation. I understand that any information disclosed by the independent test laboratory under this authorization may no longer be protected by federal privacy regulations, and that such information may be further disclosed by the recipient. We understand that this authorization will become effective immediately upon execution and shall remain in effect until the student named in this consent form is no longer subject to the Drug Testing Policy of Madison County Schools. We further agree and consent to the disclosure of the sampling, testing and results as provided in the policy and any regulation adopted by the administration of the District.

Signature of Parent or Custodial Guardian

Date

Signature of Student

Date

