



We have read and understand the Madison County School District “Activity Student Random Drug Testing Policy” and “Student Drug Testing Consent”. We desire that the student named above participate in the extracurricular activities of the Madison County School District, and we hereby voluntarily agree that our child or ward and we are subject to terms of the Activity 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 the Madison County School District to disclose all drug testing lab results and related information for the child named in this consent form to the Madison County School District for the purpose as provided in the policies and procedures adopted by the District for the voluntary drug test program. I understand that I may revoke this authorization at any time by written notice to the District and the independent testing laboratory; provided, however, I 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. I 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 the Madison County School District.

---

Signature of Student

---

Date

---

Signature of Parent/Guardian

---

Date