

**SHELBY COUNTY BOARD OF EDUCATION  
STUDENT CONSENT/RELEASE FORM**

I have read and understand the Shelby County Competitive Extracurricular Substance Abuse Program policy procedures and penalties and agree to abide by these rules regarding the possession and use of prohibited substances. I agree to submit to prohibited substance screenings as outlined in the Shelby County Competitive Extracurricular Substance Abuse Program Policy and Procedures as a condition for my initial or continued participation in competitive extracurricular activities. I specifically consent to allow urine, breath, saliva, and/or hair samples to be taken in accordance with the Board's Drug Testing Agency for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board, the Medical Review Officer, the Drug Program Coordinator, and to local school officials who have a need to know.

I also expressly authorize the Board and/or the MRO to release any test-related information, including positive results (a) as directed by my specific, written consent authorizing release of the information to an identified person, (b) to the finder of fact in any lawsuit, grievance, or other proceeding initiated by or on behalf of myself, and/or (c) under compulsion of law.

I understand that the refusal to submit to testing for the use of prohibited substances will prohibit me from my initial and continued participation in the competitive extracurricular programs offered by the Shelby County Board of Education.

I understand that it is a privilege, not a right, to participate in the competitive extracurricular programs offered by the Shelby County Board of Education, and that I must comply with the Competitive Extracurricular Substance Abuse Policy in order to be given the privilege to participate in these events.

If I choose not to participate in competitive extracurricular programs in the Shelby County School System, then my parent/guardian must contact the drug testing coordinator and make a formal request (in writing) to have my name and social security number removed from the testing pool. If I am removed from a competitive extracurricular program by a coach or sponsor for any reason, my name will continue to be in the testing pool. This will allow me to be eligible if I participate in the next seasonal sport.

Student \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_