

Print Student Name: \_\_\_\_\_  
Last First

**Arab City Board of Education**  
Competitive Extracurricular Activities/Student Parking  
Privilege Release Form

**By signing this form, I apply for admission to Arab City Schools Competitive Extracurricular Activities Program and/or Student Campus Automobile Parking Privileges. I agree to abide by the terms and conditions of Arab City Board of Education Policy JV (Arab City Board of Education Competitive Extracurricular Activity/Student Parking Privilege Substance Abuse Policy).**

**I do hereby give my consent** to the School Board or its Drug Testing Agent to collect urine, breath, hair and/or blood samples from me as prescribed in Board Policy JV. **I also give consent** for the School Board or its Drug Testing Agent to forward the sample (s) to a SAMHSA or DOT certified drug-testing laboratory for performance of appropriate tests thereon to identify the presence of prohibited substances. **I further give the laboratory and the School Board's Drug Testing Agent my permission** to release the results of such tests to the School Board's Medical Review Officer, the school principal, counselors or counseling services as provided by Policy JV, and to other local school officials who have a need to know.

**I further authorize** the Board and its agents to release any test-related information, including positive results, conditional upon the following:

- as directed by my specific, written consent authorizing release of the information to an identified person,
- to the finder of fact in any lawsuit, grievance, or other proceeding initiated by or on behalf of myself, and/or,
- under compulsion of law.

**I specifically authorize** the Arab City Board of Education, the Drug Testing Agent, and the Medical Review Officer to release any and all information concerning the results of any drug/substance screening to my parents or legal guardian/s.

**I understand** that my **refusal to submit** to substance screening procedures, any **attempt to alter** the test results or a **positive test result** will affect my initial or continued eligibility for participation in student extracurricular activities or campus parking privileges as prescribed by Arab City Board of Education Policy JV.

This "Consent/Release Form" will **remain in effect** and will serve as my continued consent and release for the duration of my enrollment in the Arab City School System, **unless and until revoked by me in writing to the drug testing coordinator.**

Student Name **{PRINT}**: \_\_\_\_\_  
*Please Print Clearly* Last Name First Name Middle Initial

\_\_\_\_\_  
Graduation Year

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Parent Signature