

**FORT PAYNE CITY BOARD OF EDUCATION
EXTRACURRICULAR ACTIVITY/STUDENT PARKING PRIVILEGE
CONSENT AND RELEASE FORM**

I have read and understand the Fort Payne City Board of Education Drug Testing Program for Students Participating in Extracurricular Activities and for Students with Parking Privileges and agree to abide by the terms and conditions of the program. I understand that the program prescribes drug testing, and I agree to submit to those tests at any times as a condition for my initial or continued participation in competitive extracurricular activities or to utilize parking privileges. I specifically consent and agree to submit urine, breath, hair, and/or blood samples for testing to determine the existence of prohibited substances. I authorize any laboratory or medical provider to release test results to the Board, the MRO, the Drug Program Coordinator, persons providing counseling as required by the program and 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 court or attorneys representing any party in any lawsuit, grievance, or other proceeding initiated by or on behalf of myself, and/or (c) under compulsion of law.

I understand that my 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 Fort Payne City Board of Education and will render me ineligible for parking privileges.

I understand that it is a privilege, not a right, to be allowed to operate a motor vehicle and to park on Board owned properties and to participate in the extra curricular programs offered by the Fort Payne City Board of Educational and that I must comply with the terms and conditions of the Program in order to be offered the privilege to participate in these events.

This document will remain in effect and serve as my continued consent and release while I am a student in Fort Payne City School System, unless and until revoked by me or my parent/guardian in writing.

Student

Date

Parents/ Guardian

Date