

**ITAWAMBA COUNTY SCHOOL DISTRICT
RELEASE FROM LIABILITY**

I, _____ do hereby give my consent to the Itawamba County School District to collect a sample of my blood, hair, breath, saliva or urine on this date, and I further give my consent to the District to forward the specimen(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs. I further give the laboratory my permission to release the results of such tests to the Medical Review Officer, if appropriate. I understand that the refusal to submit to testing or a positive test will affect my initial or continued participation on extracurricular programs with the Itawamba County School District and will affect my privilege of driving or parking an automobile on Itawamba County school District Property and will result in disciplinary action as described in the Itawamba County School District Drug and Alcohol Testing Policy.

STUDENT SIGNATURE

DATE

STUDENT PRINTED NAME

**ITAWAMBA COUNTY SCHOOL DISTRICT
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The Itawamba County School District Board of Education and its officers, administrators, employees and agents are hereby released from responsibility and/or liability of any actions caused by the student's positive drug or alcohol test result. As students and parents we attest that said student is drug free and physically fit to participate in extracurricular activities.

STUDENT SIGNATURE

DATE

PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE

DATE