

**CONSENT TO TESTING OF SPECIMENS
AND AUTHORIZATION FOR RELEASE OF INFORMATION**

TO: Itawamba County School District Board of Education, Athletic Director, Band Director, Sponsors, Choral Director and Administrative Personnel

I hereby acknowledge that I have received a copy of the Itawamba County school District Drug and Alcohol Testing Policy. I further acknowledge that I have read said policy, that it has been explained to me, and that I fully understand the provisions of the program and agree to comply with the rules and regulations of the Itawamba County School District in this policy.

I hereby give consent to have a sample of my blood, hair, breath, saliva or urine collected and tested for the presence of certain drugs and substances in accordance with the provisions of the Itawamba County School District Drug and Alcohol Testing Policy and at other such times as is required pursuant to said policy.

I further authorize the Itawamba County School District or its designee to made confidential release to the school principal, district superintendent or his designee, athletic director, my parents(s)/legal guardian(s), the head coach of any interscholastic sport in which I am a member, band director, any club sponsor, the designated school district representative and/or the drug counseling program, all the information and record, including test results, you may have relating the screening or testing of my blood, hair, breath, saliva or urine samples in accordance with the provisions of the Itawamba County School District Drug and Alcohol Testing Policy. To the extent set forth in this document, I waive any privilege I have in connections with such information.

I understand that my blood, hair, breath, saliva or urine specimens may be sent to a laboratory designated by the Itawamba County School District for actual testing.

The Itawamba County School District Board of Education and its officers, administrators, employees and agents are hereby released from responsibility for the release of such information and records as authorized by this form.

I certify that all information contained on this consent form is true and correct.

_____	_____	_____
PRINTED STUDENT NAME	STUDENT SIGNATURE	DATE

We the parent(s)/legal guardian(s) of the above student join in the above consent.

_____	_____	_____
PRINTED PARENT(S) LEGAL GUARDIAN(S) NAME	PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE	DATE

**ITAWAMBA COUNTY SCHOOL DISTRICT
RELEASE FROM LIABILITY**

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

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PARENT(S)/LEGAL GUARDIAN(S) SIGNATURE

DATE