

TUSCALOOSA CITY SCHOOLS

POLICY CONSENT/RELEASE FORM

**TO BE SIGNED AND RETURNED ONLY BY ACTIVITY STUDENTS,
AS DEFINED HEREIN, IN GRADES 9 THROUGH 12 AND THEIR PARENT OR GUARDIAN.**

I have read the above statement of policy and agree to abide by the System's drug and alcohol rules. I agree to submit to drug and/or alcohol tests at any time as a condition for my initial or continued participation in extracurricular activities, on-campus parking, and/or the volunteer program. I authorize any laboratory or medical provider to release test results to Tuscaloosa City Schools and its Medical Review Officer. I authorize the Medical Review Officer to release final test results to the System.

I also expressly authorize the System or its 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 my decision maker in a lawsuit, grievance, or other proceeding initiated by me or on my behalf.

I understand that this agreement in no way limits my right to terminate or to be terminated from participation in extracurricular activities.

Activity Student

Date

Parent or Guardian

Date

Witness

Date