

**Exhibit "A"**  
**Madison County School District**  
**Student Drug Testing Consent Form**

**Statement of Purpose and Intent**

Participation in school-sponsored extracurricular activities in the schools of the Madison County School District (District) is a privilege. Activity Students have a responsibility to themselves, their fellow students, their schools, their families, and their community to set the highest possible example of conduct by avoiding the use or possession of illegal or performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extracurricular activities in the Madison County School District. For the safety, health, and well-being of all students, the Madison County School District has adopted a policy of using an independent testing laboratory to conduct random drug testing of all students at middle schools and high schools in the District who participate in certain extracurricular activities ("Activity Student"), whether or not the activity is in or off season and for all students who purchase a parking decal/permit to drive on campus.

**Participation in Extra-Curricular Activities**

Each Activity Student shall be given a copy of the Activity Student Random Drug Testing Policy and Student Drug Testing Consent. Both the student and the student's parent or legal guardian must read, sign, and date the Student Drug Testing Consent before the student shall be eligible to practice or participate in the listed extracurricular activities. To be eligible to participate in or practice with certain extracurricular activities, the consent shall be to give a urine sample (a) if chosen on a random selection basis; or (b) any time requested based on reasonable suspicion of the use or possession of illegal or performance-enhancing drugs. No Student shall be allowed to practice or participate in any activity governed by this policy unless the student has returned the properly signed Student Drug Testing Consent.

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Student's Last Name

First Name

Middle Name

I have read the "Student Activity Random Drug Testing Policy" and "Student Drug Testing Consent," and I understand that, out of care for my safety and health and the health and safety of others, the Madison County School District enforces the rules applying to the use or possession of illegal and performance-enhancing drug. As a member of my school's extracurricular activity or one who purchases a parking decal/permit to drive on campus, I realize that the personal decision that I make daily about the use or possession of illegal or performance-enhancing drugs may adversely affect the health and well-being of myself and others, possibly endanger those around me, and reflect poorly upon any organization with which I am associated.

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Signature of Student

Date

We have read and understand the Madison County School District "Activity Student Random Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participate in the extracurricular activities of the Madison County School District, and we hereby voluntarily agree that our child or ward and we are subject to terms of the Activity Student Random Drug Testing Policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the policy. We further authorize the independent testing laboratory adopted by the Madison County School District to disclose all drug testing lab results and related information for the child named in this consent form to the Madison County School District for the purpose as provided in the policies and procedures adopted by the District for the voluntary drug test program. I understand that I may revoke this authorization at any time by written notice to the District and the independent testing laboratory; provided, however, I acknowledge that any such revocation will not be effective as to any disclosures made prior to receiving such revocation. I understand that any information disclosed by the independent test laboratory under this authorization may no longer be protected by federal privacy regulations, and that such information may be further disclosed by the recipient. I understand that this authorization will become effective immediately upon execution and shall remain in effect until the student named in this consent form is no longer subject to the Drug Testing Policy of the Madison County School District.

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Signature of Student

Date

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Signature of Parent/Guardian

Date