WARREN COUNTY BOARD OF EDUCATION
RELEASE OF INFORMATION
AND
CONSENT FOR DRUG TESTING OF STUDENTS
IN VOLUNTARY EXTRACURRICULAR ACTIVITIES

I hereby acknowledge notice that any student participating in voluntary extracurricular activities within the Warren County School District is subject to random testing for drugs or alcohol.

I understand that random testing may occur at such time or times as deemed appropriate by the Director of Schools or his designee.

I understand that in accordance with Warren County Board of Education Policy 6.3071, if a student is chosen to be tested, an appropriate specimen shall be collected from the student, which shall be sent to a licensed medical laboratory for testing, without cost to me or my student. Tests shall be conducted by properly trained persons in circumstances that ensure the integrity, validity, and accuracy of the test results. Specimens confirmed as positive shall be retained for at least ten (10) days for possible retesting or reanalysis.

I understand that specimens shall be coded to protect student confidentiality. However, I authorize the release of test results pertaining to me or my student to Warren County School District and such of its employees and/or agents who have an educational interest in the student tested.

I understand that if a student is tested and the results of the test are negative, all records of the test shall be expunged from all records, including school records. If a student is tested and the results of the test are positive, records of the test shall be maintained as confidential records in accordance with the law.

I understand that a student who tests positive for drugs or alcohol will receive an informal assessment of the severity of the student's alcohol or drug problem and a recommendation for referral to intervention or treatment resources as appropriate.

I understand that no student subject to random drug testing who tests positive shall be suspended or expelled solely as a result of the positive test. However, such student may be subject to suspension from the extracurricular activity as determined under the circumstances of the case.

I understand that I am free to withdraw this consent in writing during the school year. I also understand that a student has the right to refuse to undergo drug testing at any time. However, I also understand that should consent be withdrawn or a student refuse to submit to testing at the time requested, the student will not be permitted to participate in the extra-curricular activity until such time as the Director of Schools or his/her designee deems appropriates which may include a suspension of activity until the end of the a grading period, a season or until the end of a school year.

I understand that consenting to random drug testing is required prior to my or my child's participation in any volunteer extracurricular activity in Warren County School District.

I hereby give my written consent for random drug testing of myself (if a student over 18 years), my child/ ward, in accordance with Warren County Board of Education Policy 6.3071 and state law.

I hereby release the Warren County Board of Education and _____ School from any legal responsibility or liability for the release of such information and records as authorized by form and Warren County Board of Education Policy 6.3071.

_____	_____	_____
Student Signature	**Date**	**Contact phone number (if over 18)**
_____	_____	_____
Parent/Guardian Signature	**Date**	**Contact phone number**