
TRANSYLVANIA COUNTY SCHOOLS

**CONSENT TO RANDOM DRUG TESTING AND
AUTHORIZATION FOR RELEASE OF INFORMATION**

I consent for my son/daughter to be tested for illegal drugs/controlled substances in accordance with the provisions of the Transylvania County Board of Education Drug Testing Policy (JHB) for students. (In the event a student is 18 years of age or older, he/she may sign the consent form. Hopefully, parents would be involved in this decision.)

I further authorize the confidential release of all information and records, including test results, related to the screening or testing for illegal drugs/controlled substances to administrative school officials and the selected drug counseling program used by Transylvania County Schools in accordance with the provisions of the Transylvania County Board of Education Drug Testing Policy (JHB and JHB-R). To the extent set forth in the policy document, I waive any privilege I may have in connection with such information.

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

I understand that samples appropriate for drug testing will be collected and subsequently tested by a certified laboratory designated by the Transylvania County School System.

Completion of this form is necessary to establish eligibility for participating in competitive extra-curricular activities and/or receive high school parking privileges in Transylvania County Schools at the middle and high school levels.

Print Name of Student

Student Signature

Date

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

A signature(s) indicates that the person has received and read a copy of the Student Drug Testing Policy.

APPROVED BY BOARD
AND EFFECTIVE 7/22/04
REVISED 8/21/06
REVISED 5/21/07
REVISED 5/19/08