

Student's Name: _____



Cumberland County Board of Education

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Mrs. Janet Graham
Director of Schools

Mrs. Teresa Boston
Board of Education Chairperson

CONSENT/RELEASE FORM

URINE DRUG SCREEN FOR MINORS ENROLLED IN THE CUMBERLAND COUNTY SCHOOL SYSTEM (CCSS) EXTRACURRICULAR ACTIVITIES

SCHOOL: _____ Athletic/Club: _____

FULL NAME: _____ DATE: _____ GRADE: _____

DATE of BIRTH: _____ Last four digits of SS # _____ Male or Female

I understand that my child may be asked to undergo a random Urine Drug Screen to be eligible to participate in extracurricular activities in the Cumberland County School System. By signing this consent/release form I am authorizing the Cumberland County School System designee to conduct the Urine Drug Screen and release the results, whether positive or negative, to the Cumberland County Board of Education school officials, as designated by the director of schools, and as outlined in the Cumberland County Board of Education's Policy 6.3071.

Students in grades 7-12 who participate in **any** extracurricular activity (basketball, football, soccer, cheerleading, band, chess, theatre arts, choir, Beta, FFA, FCA, etc.).

1. Tests may be administered twice each school year.
2. Ten percent of students involved in each activity may be tested.
3. All extra-curricular groups must submit a roster to the school administrator with all members listed before the group begins activities.
4. Each student will be given an identification number to maintain confidentiality, beginning with the number one (1).
5. The ID numbers for each activity will be placed in separate containers and 10% may be drawn from the pool.
6. Students drawn will be brought to the testing area and will be required to give a urine sample. Administration will seek the randomly selected students in effort to maintain confidentiality to the best of their ability.
7. Students will be notified of test results by drug screening personnel or school administrator.

8. Once a student is selected, he/she will remain in a waiting area until that student is screened.
9. The initial drug-screening test will be completed at no cost to students or parents.
10. Students with positive test results from the first screening may provide a physician's notation of prescription medication, may submit to drug counseling/treatment as outlined in the MOU with the TAD Center or other licensed counseling entity, or may have the split sample sent to a predetermined independent drug screening lab at the parent's expense.
11. Should the results be challenged by the parent/guardian, any further testing will be the responsibility of the parent/guardian.
12. Parents must sign a permission slip for drug testing **before** students can participate in any extracurricular activity.
13. Parent/guardians may not be notified prior to random selection and/or screening. Consent forms that include special requests must include documentation as authorized by student's physician.
14. Please see Extracurricular Activity Drug Testing Procedure 6.3071.

My daughter/son _____ may be included in the random selection and tested for drugs in compliance with the local Board of Education Policy # 6.3071.

Student Signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Print Parent/Guardian Name: _____

Parent Contact Information: _____

DATE of Screening: _____