

Swain County School System
Consent to Testing of Urine Samples and Authorization
For Release of Information

I hereby consent to have a sample of my child's urine collected during the _____ school year and tested for the presence of certain drugs and substances in accordance with the provisions of the Swain County Schools Drug Screening of Athletes Program and at other such times as urinalysis testing is required under the program for the current school year.

I further authorize you to make a confidential release to school officials, the athletic director, my parent(s) or legal guardian(s)*, the coaches of any interscholastic sport of which I am a member, and the drug counseling program, all information and records, including test results you may have relating to the screening or testing of my urine samples in accordance with the provisions of the Swain County Schools Drug Screening of Athletes Program which is applicable to interscholastic., athletes. of Swain County Schools. To the extent set forth in this document, I waive any privilege I may have in connection with such information.

I understand that any urine samples will be tested by a certified laboratory designated by the Swain County Schools.

The Swain 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.

*Test results of a student who is 18 years of age or older will not be shared with parents without the student's permission.

I have read the new policy passed by the Swain County Board of Education, which was passed on Monday, November 14, 2011

_____ Printed Name of Student	_____ Student Signature	_____ Date
_____ Printed Name of Parent(s)	_____ Parent(s) Signature	_____ Date

Both the student and parent/legal guardian (unless a student is 18 or older) should sign and return the consent form to the high school athletic director or principal.