



SURRY COUNTY SCHOOLS
Lighting Pathways to Global Success

**SURRY COUNTY SCHOOLS Alcohol and
Drug Prevention Program Permission and
Release Form
for
All Employees and Students in Grades 6-Graduation**

Voluntary

Required by Policy

Participant's Name (Please Print) _____

School/Work Site _____

Date of Birth _____

Student's Parent/Guardian _____

Home Address _____

Home Phone _____ Student's Parent/Guardian Work Phone _____

Student Section

We, the undersigned student and parent, have read and understand the Surry County Schools Drug Testing brochure. We give consent for the student to participate for the length of his/her school career and understand that participation includes random selection for urinalysis drug testing. If selected, the student agrees to provide a urine sample for testing. We authorize the program's Medical Review Officer (MRO) to relate results of the student's test to his/her parent(s) and the test administrator. As parent(s), we agree to participate with our child in obtaining appropriate assistance if he/she tests "positive." The MRO is authorized to release a student's decision about remaining a program participant to the student's principal (or designee) and test administrator. A student/parent may revoke this agreement at any time.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Employee Section

I have read and understand the Surry County Schools Alcohol and Drug Prevention Program brochure. I volunteer to participate for the length of my career and understand that participation includes random selection for urinalysis drug testing. If selected, I agree to provide a urine sample for testing. I authorize the program's Medical Review Officer (MRO) to relate the results of the test to the test administrator. I agree to obtain appropriate assistance if I test "positive." An employee may revoke this agreement at any time.

Employee Signature _____ Date _____