

General Authorization Form for Random Drug Testing

I / we, the custodial Parent(s) of _____

Authorize the Roane County School System to conduct a test on a urine sample provided by my/our son/daughter/ward, _____

Witch he/she will provide to test for drugs and or alcohol use. I / we also authorize the release of information concerning the results of such a test to the Roane County School System.

This _____ day of _____, 20 _____.

Parent/Guardian _____ Parent/Guardian _____

I, _____, authorize the Roane County School System to

Conduct a test on a urine specimen I provide to test for drugs and or alcohol use. I also authorize the release of information concerning the results of such a test to the Roane County School System and to my parent(s) and/or guardian(s).

This _____ day of _____, 20 _____.

Student _____

Waver of Insurance Form

The undersigned parent/guardian acknowledges that the Roane County School System does not provide health insurance for students who participate in school athletics. Also, the undersigned accepts full responsibility for providing health insurance coverage for their child.

This is in accordance with the Roane County School Board Policy 6.14 which states, "It shall be the responsibility of the parent(s) or guardian to provide health and hospitalization insurance for all students participating in interscholastic athletics."

Describer Code: IDFA / Lines: 10,11, 12 / Issued Date: 11-19-1992

Sport: _____ School: _____

Student Name: _____ Parent Signature: _____

Please check this box if the above student is currently covered by a Health Insurance Plan.

Date: _____