

**Trousdale County High School  
Consent to Perform Urinalysis for Drug Testing**

I hereby consent to have a sample of my urine tested for the presence of drugs in accordance with the Trousdale County Board of Education drug testing policy.

I understand that testing will be conducted prior to participation in the first contest and randomly thereafter. I also understand that if I test positive, I will undergo further testing as determined by the athletic director. I understand that my sample will be sent only to a licensed medical laboratory for actual testing, and that my sample will be protected and safeguarded by accepted medical procedures.

I hereby authorize the release of my results to the doctor authorized by the school. I also give permission for this information to be shared by the principal, athletic director, guidance counselor, my parents/legal guardian and the head coach of my sport.

I understand I am free to withdraw from this form at any time. However, I understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in the sport's program until such time as my principal shall deem appropriate.

I hereby release the Trousdale County Board of Education and Trousdale County High School from any legal responsibility or liability for the release of such information and records as authorized by this form.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_