

RELEASE OF INFORMATION FORM FOR MEDICAL REVIEW OFFICER
(TOP PORTION MUST BE FILLED OUT PRIOR TO PARTICIPATION OR BY OCT. 1ST)

Student name _____ School ID Number _____
(Lunch Number)

I, _____, understand I am submitting to a urine drug screen for USD 418 school system. If needed, I give permission for the Medical Review Officer to contact my parent/guardian/custodian regarding results and verify any prescription medicine I may be taking at the time of the drug screen collection. Contact information listed below.

Name of Parent/Guardian/Custodian: _____

Relationship: _____
(Mother/Father/Guardian Etc)

Identification (last 4 of SSN) _____
will be used by MRO
for verification process.

Daytime phone _____ Evening phone _____

Student Consent (To be filled out at the time of drug screening)

Date	Signature	Witness
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MHS/MMS KSHSAA SPONSORED EXTRACURRICULAR ACTIVITIES

- Athletic:**
Boys/Girls Cross Country
Football
Boys/Girls Soccer
Boys/Girls Tennis
Boys/Girls Basketball
Boys/Girls Golf
Wrestling
Baseball
Volleyball
Softball
Track & Field
Boys/Girls Swimming
Boys/Girls Bowling
Cheerleading
Hi-Stepper Dance Squad
Other BOE approved athletics

- Activities:**
Debate
Forensics
Band
Orchestra
Vocal Music
National Honor Society
Student Council
KAY
Scholar's Bowl
Other BOE approved activities