

Parental Consent Student Random Drug Testing

Student Name (Print) _____ **Student ID#** _____

Campus: _____ **Grade** _____

AS A STUDENT:

- I understand and agree that participation in extracurricular activities is voluntary and a privilege.
- I understand that as part of my voluntary participation in extracurricular activities, I am consenting to participation in the school district's Random Student Drug Testing Program.
- I understand that if I decline to consent to participation in the Random Student Drug Testing Program that I will be unable to participate in competitive extracurricular activities and driving privileges in the Tarkington Independent School District and will be considered to have a positive drug test.

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read policy and understand that my child's participation in extracurricular activities is voluntary and a privilege.
- I understand that as part of my child's voluntary participation in extracurricular activities and driving privileges on campus, I am consenting to his/her participation in the school district's Random Student Drug Testing Program.
- I understand that if I decline to consent to my child's participation in the Random Student Drug Testing Program, my child will be unable to participate in competitive extracurricular activities in the Tarkington Independent School District and will be considered to have a positive drug test.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that a qualified vendor will oversee the urine collection process and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent; the vendor selected by the Tarkington Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances.

I further understand and consent to allow Forward Edge, inc., its doctors, employees, and/or agents, to release results of tests to the designated contact at the Tarkington Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the 2006-2007 school year.

Printed Parent/Guardian/Custodian Name

Daytime Phone Number

Parent/Guardian/Custodian Signature

Date

Student Signature

Date