



GRANBURY ISD ATHLETICS DEPARTMENT

2000 W. Pearl St.
Granbury, TX 76048
817-408-4020



Parental Consent for Random Drug Testing Program for Extracurricular Activities and the Voluntary Drug Testing Program

Student Name: _____ **Student ID #:** _____

I, _____ as a parent/guardian of the above-named student who is enrolled in AMS, GMS, or Granbury High School, hereby agree to the following:

I understand the school district’s policy regarding substance abuse. I understand that it is the practice of the District to conduct random and reasonable suspicion drug tests for the purpose of carrying out this policy.

I understand that my child cannot be compelled to give a urine, breath or saliva sample (hereafter “sample”). I understand that if he/she gives a sample, it will be tested for illegal drugs. I understand that as a condition of my child’s participation in Middle School / High School extracurricular activities and to be in good standing, my child must give a sample when requested by the District. If my child is not involved in extracurricular activities, I hereby request that my child be allowed to participate in the Granbury ISD Voluntary Random Drug Testing Program and waive his/her rights to the extent needed for Granbury I.S.D. to conduct drug testing under its Voluntary Drug Testing Program. I understand that if my child fails to provide a sample or his/her sample reveals an unexplained presence of an illegal drug, the District will implement the steps associated with the random drug testing policy, and the Student Athlete Code of Conduct. Not providing a sample is an automatic positive test result.

I have received and read a copy of the Granbury ISD Drug Deterrent Policy. A copy can be found online in the Parent / Student Handbook and in the Student Athlete Code of Conduct Handbook. I understand that this policy is part of the school district’s rules, and that it applies to all Granbury ISD students, grades seven through twelve, who participate in extracurricular activities or who participate in the Granbury ISD Voluntary Random Drug Testing Program. **“I understand that neither my child nor I will be notified prior to the taking of a sample for testing purposes.”**

Prescription drugs currently being taken as prescribed:

Parent/Guardian Signature: _____ **Date** _____

Please Print Parent/Guardian Name: _____

Campus (Please circle): GHS **Grade:** 9 / 10 / 11 / 12 **Gender:** Male / Female

Please Print Student Name: _____

LAMONT MOORE
GISD ATHLETIC DIRECTOR

JAMIE ROBINSON
GRANBURY HS PRINCIPAL