

Sweetwater Independent School District

Random Drug Testing Authorization Form

I acknowledge that I have received a copy of the Sweetwater Independent School District's Random Drug Testing Policy. I recognize and understand that I will be asked to provide a urine sample for drug analysis and could be randomly selected to provide another urine sample during the school year. I consent to any such testing conducted as part of the district's drug testing policy. I have been given the right to ask questions about the drug testing policy, and I fully understand its provisions.

My child does not take any prescription medication on a permanent basis.

My child does take prescription medication on a permanent basis. Listed below are the prescription drug(s) and dosage(s) that my son/daughter takes.

Prescription Name _____ Dosage _____

Prescription Name _____ Dosage _____

Prescription Name _____ Dosage _____

Prescription Name _____ Dosage _____

Consent for Testing:

Participant Printed Name

Date

Participant Signature

Parent/Guardian Printed Name

Date

Parent/Guardian Signature