

Parental Consent

Student Random Drug Testing

Campus: _____ Grade _____
Student Name (Print) _____ Student ID# _____

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 in the Argyle ISD.
- I will complete the reverse side of this form indicating '17-'18 activities.
- I understand and agree that parking on campus is voluntary and a privilege.

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, 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 Argyle ISD.
- I understand that parking on campus is a privilege and voluntary. I am consenting to his/her participation in the school district's Random Student Drug Testing Program.

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 Argyle ISD, 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 the vendor selected by Argyle ISD, its doctors, employees, and/or agents, to release results of tests to the Argyle ISD 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 2017-2018 school year.

Printed Parent/Guardian/Custodian Name

Daytime Phone Number

Parent/Guardian/Custodian Signature

Date

Student Signature

Date

REQUIRED – Academic year 2017-2018
You MUST Check All Activities
That You Will Participate Or Plan To Participate In

- | | |
|---|---|
| <input type="checkbox"/> Band | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Speech/Debate |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Student Ath. |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Trainers |
| <input type="checkbox"/> Color Guard | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Drill Team | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Football | <input type="checkbox"/> Track |
| <input type="checkbox"/> Golf | <input type="checkbox"/> UIL Academics |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Volleyball |
| | <input type="checkbox"/> Wrestling |

Please return completed form to your respective coach or sponsor. In order for students to participate in above extracurricular activities during the 2017-2018 school year, this form MUST be turned in.