

RANDOM STUDENT DRUG TESTING CONSENT FORM

West Independent School District

PLEASE PRINT

Student Information

Student Name: _____ **Grade Level:** _____ **Gender:** M F
(Last) (First)

Statement of Purpose and Intent

Current law allows school districts to implement a drug testing program if students voluntarily agree to participate in a random drug testing program as a condition for their participation in school-sponsored extracurricular activities or to qualify for parking privileges.

On June 6, 2018, the West ISD Board of Trustees approved a new Board policy to conduct random drug tests on students in Grades 7-12 who participate in school-sponsored extracurricular activities (both UIL and non-UIL sanctioned). The new policy also includes students who park a vehicle on West ISD property. West ISD and the Board of Trustees believe the opportunity to participate in extracurricular activities is a privilege offered to eligible students on an equal-opportunity basis. The use of drugs or alcohol by any student presents a hazard to their health, safety, and welfare. By using random drug testing, the District is able to detect and prevent illegal drug and alcohol use among students.

To be eligible to participate in any school-sponsored extracurricular activities or park on West ISD property, a secondary student (Grades 7-12) must agree to participate in a drug-testing program that includes random testing throughout the school year. A signed consent form must be on file for each student before they are able to participate in extracurricular activities or park on West ISD property. The consent form does require signatures from both the participating student and their parent/guardian.

Participation in Extracurricular Activities and Parking Permit

Students shall not be allowed to practice or participate in any extracurricular activity or park a vehicle on West ISD property, unless the student has properly signed and returned the West ISD Random Student Drug Testing Consent Form by Friday, August 24, 2018, to the West Middle/High School Front Office.

I understand the "Student Drug Testing Procedures" outlined in the West ISD Parent and Student Handbook (West ISD Policy FNF LOCAL). I realize the personal decision I make in regard to the use of illegal drugs may affect my health and well-being, as well as the possible endangerment of those around me. If I choose to violate West ISD policy regarding the use of illegal drugs, I understand I will be subject to the restrictions as outlined in the Handbook and Policy.

Signature of Student: _____ **Date of Birth:** ____/____/____ **Date:** ____/____/____

We have reviewed the "Student Drug Testing Procedures" outlined in the West ISD Parent and Student Handbook (West ISD Policy FNF LOCAL). We desire for our student to participate in extracurricular activities, as a driving student, and/or with the voluntary consent of the parent/guardian. We, hereby, voluntarily agree to the terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, and results as outlined.

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

Phone: (____) _____ - _____ **Address:** _____/_____
(Number) (Street Name) (City) (Zip Code)

Non-Participation in Random Drug Testing

I do not want my student to participate in the West ISD Random Student Drug Testing program and understand that my student will be excluded from participating in all extracurricular activities; including the privilege of parking on West ISD property.

Signature of Student: _____ **Date of Birth:** ____/____/____ **Date:** ____/____/____

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