

KILGORE INDEPENDENT SCHOOL DISTRICT

Random Drug Testing Consent Form

Statement of Purpose and Intent

Participation in school-sponsored extracurricular activities in the Kilgore Independent School District (District) is a privilege. Students who obtain a parking permit or participate in extracurricular activities at the high school or middle school level represent the school within the community. They have a responsibility to conduct themselves at all times in a manner befitting their positions, which includes avoiding the use of illegal drugs.

The Kilgore ISD Board of Education has implemented this random drug testing program for students in grade eight (8) through twelve (12) who voluntarily participate in extracurricular activities at the high school or middle school level as part of the effort to prevent injury, illness and harm resulting from the use of illegal drugs; help enforce a drug-free educational environment and deter student use of illegal drugs.

The Kilgore ISD drug testing program shall include, but is not limited to, testing for the following: Amphetamine, Cocaine, Marijuana, Opiates, Meth-Amphetamine, Ecstasy, Barbiturates, Benzodiazepines, Benzoylgonine, Propoxyphene, Tricyclic Antidepressants.

Participation in Extracurricular Activities

School-sponsored extracurricular activities for which testing is required include all extracurricular activities. In order for a student to participate in the school-sponsored extracurricular activities or obtain a student parking permit, the student's parent/guardian must consent to their student's participation in the random drug testing program. A student participant's name will remain in the random pool throughout his/her extracurricular career within the District. Therefore, a student participating in competitive athletics may be selected for a random drug test during his/her "off season."

Students are randomly selected from among other student participants at the same school. As a result, a particular student might be selected more than once, while another student may not be selected at all.

A student who is randomly selected will be privately notified to report to a designated site at his/her school to provide a urine sample for drug testing. A licensed professional from a state-approved, certified drug testing agency will conduct all sample collection. If a student refuses to provide a sample at the time of collection, or provides an adulterated or fraudulent sample it will be counted as a positive test.

If a test result is positive, parents will be contacted by a school administrator, and given an opportunity to discuss the test results.

If a student's test is positive, he/she will be subject to the consequences outlined in District Policy FNF (Local).

Consent of Parent/Legal Guardian:

I hereby consent to have my son/daughter undergo urinalysis testing for the presence of drugs or alcohol in accordance with the KISD Drug Testing Policy.

I understand that this testing will occur according to the guidelines of the KISD Drug Testing Policy.

I understand that any urine sample taken for drug testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent for the medical laboratory selected by the Kilgore ISD Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my son / daughter for the detection of drugs.

I further give my permission to the medical laboratory selected by the Kilgore ISD Board of Education, its doctors, employees, or agents, to release all results of these tests to designated School District employees or agents.

I hereby release, waive, and discharge the Kilgore ISD Board of Education, its individual members, employees, agents and anyone acting on its behalf from any and all liability claims, or causes of action arising from or related to the urinalysis drug / alcohol testing for the athletic participation and / or the release of related information as authorized in this form and in the Drug Testing Policy.

Parent/Legal Guardian's Name (Print) Parent/Legal Guardian's Signature Date

Student:

I understand and agree to abide by this policy.

Student's Name (Print) Student's Signature Date

Anticipated Extracurricular Activities:

Please provide a list of activities in which you plan to participate. This list is for information purposes only and neither obligates your nor prevents you from participating in other activities.

A consent form must be completed at least annually.