

**Farmersville ISD 2018-2019**      **Student Last Name:** \_\_\_\_\_

**Consent to Biological Testing**      **First Name:** \_\_\_\_\_      **Grade** \_\_\_\_\_

I, \_\_\_\_\_, as a parent or guardian of \_\_\_\_\_, a minor student enrolled in Farmersville High School and participating in school-sponsored extracurricular programs hereby agree to the following.

- I have received a copy, have read, and understand the School District's policy regarding substance abuse.

For the purpose of carrying out this policy:

- I understand that my child or ward cannot be compelled to give a biological specimen.
- I understand that if he/she gives a biological specimen it will be tested for illegal drugs and/or alcohol.
- I understand that the giving of a biological specimen, when requested by the District, is a condition of my child's/ward's continued participation in school-sponsored extracurricular programs.
- I understand that if a test of my child's/ward's specimen reveals the presence of an illegal drug and/or alcohol, the District may take action up to and including termination of participation in all school-sponsored extracurricular programs.
- I authorize the officers, employees, and agents of the drug testing company and the District to communicate among themselves for official purposes, my child's/ward's drug and/or alcohol test results both orally and in writing, and to communicate such results at any administrative proceeding.
- I also authorize the officers, employees, and agents of the drug testing company and the District to have continued access to my child's/ward's biological specimens for the purpose of any further analysis or study that may be necessary and require the results be communicated to me prior to any District administrative proceedings.

At this time, I hereby agree to my child/ward giving a biological specimen.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/Ward Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

~~~~~Drugs Taken on a Regular or Ongoing Basis~~~~~  
(Include drug, dosage and purpose)

\_\_\_\_\_  
\_\_\_\_\_  
Tested Substances

Marijuana, Cocaine, Amphetamines, Opiates, PCP, Barbiturates, Benzodiazepines, Methadone, MDMA (Ecstasy), Propoxyphene, Spice, K-2, Synthetic THC