

Seminole Independent School District

Drug Test Consent Form

Each student in grades 7 – 12 participating in the drug testing program as a volunteer or as a participant in an extracurricular activity shall be provided with a copy of the “Drug Use Testing Procedures” and the “Drug Test Consent Form” which shall be read, signed, and dated by the student and parent or custodial guardian. Before the student is eligible to practice or participate in any extracurricular activity, this form must be on file. Student and parent consent shall be required to provide a urine sample to be tested for illegal drugs, as chosen by the annual/random/specific selection basis. To remove a student from the voluntary program, written notification must be received from the parent or custodian guardian.

Student Last Name

Student First Name

MI

I understand, after having read the “Drug Use Testing Procedures” and the “Drug Test Consent Form” that out of concern for my safety and health, the Seminole Independent School District enforces the rules applying to the consumption of illegal and performance enhancing drugs. I realize that the personal decisions that I make daily 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 and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use of illegal drugs, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

Signature of Student

Date

We have read and understand the Seminole Independent School District “Drug Use Testing Procedures” and the “Drug Test Consent Form.” We desire that the above named student participate in the extracurricular and/or interscholastic program of the Seminole Independent School District and we hereby voluntarily agree to be subject to its 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 provided in this program.

Signature of Parent or Custodial Guardian

Date

Listed below are the prescription drugs and dosages my son/daughter takes on a regular/permanent basis:

Drug Name

Dosage

_____ My son/daughter does not take any prescription medication on a regular/permanent basis.