



Wheeler Independent School District  
 #1 Mustang Drive PO Box 1010  
 Wheeler, TX 79096  
 Bryan Markham—Superintendent  
 806-826-5241



**RANDOM DRUG TESTING PROGRAM CONSENT FORM FOR EXTRACURRICULAR  
 ACTIVITIES AND PARKING PRIVILEGES**

**TO BE COMPLETED BY THE STUDENT**

I, \_\_\_\_\_ [student name], have been informed of the WISD Student Random Drug Testing Program for the 2018-2019 school year. I further understand that I cannot be compelled to give a urine specimen to be tested for illegal drugs without my consent. I understand that my voluntary participation in the Student Random Drug Testing Program is a condition of my participation in school sponsored extracurricular activities in grades 7-12 and a condition of receiving parking privileges on school property. I agree to be a voluntary participant in the Student Random Drug Testing Program. I agree to be tested at or before the start of the 2018 school year and acknowledge I also may be randomly selected for drug testing during the 2018-2019 school year. I further consent that any information relating to my participation in the Student Random Drug Testing Program, including test results, may be communicated among WISD school officials and with my Parent/Guardian.

The illegal drugs for which the District may test include, but are not limited to the following: Cocaine, marijuana (THC), opiates, amphetamines/methamphetamines, phencyclidine, and alcohol. The District reserves the right to test for other controlled or dangerous substances that it determines may pose a risk of student safety.

Student Name (PRINT) \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

I am the parent/guardian of the above named student and understand the WISD Student Random Drug Testing Program for 2018-2019 school year. I consent for my son/daughter to be a participant in the Student Random Drug Testing Program and agree to my student being drug tested. I further consent that any information relating to my child's participation in the Student Random Drug Testing Program, including test results, may be communicated among WISD school officials. I understand that if my child is 18 years old, my consent is not required.

Signature of parent/guardian is required if student consenting to random drug testing is younger than 18 years of age:

Parent Name (PRINT) \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL**

\_\_\_\_\_ [student name] is taking the following prescription medication(s) on a regular ongoing basis: \_\_\_\_\_ [medication], dosage \_\_\_\_\_.