

Malakoff Independent School District
Drug Testing Program Consent Form

Students who participate in extracurricular activities or who receive a permit to park a vehicle on District property shall participate in the District drug testing program. The student and parent are required to sign this acknowledgment and consent form.

Print Student's Name: _____

Print Parent Name: _____

Gender: Male / Female

Grade: 8 9 10 11 12

Please list each extracurricular activity in which the student participates: _____

FOR STUDENT:

I hereby acknowledge that I have been notified of the district policy as related to the STUDENT DRUG TESTING PROGRAM. I further acknowledge that I understand the provisions of the policy, and I hereby consent to any such testing as may be authorized by the district in accordance with said policy. I further understand that, because the tests are to be conducted on a random basis, I may be selected for testing more than once each year, and that refusal to submit to such tests may be grounds for action as specified in the policy.

_____ Student's Signature	_____ Date
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FOR PARENT OR GUARDIAN:

I hereby acknowledge that I have been notified of the district policy as related to the STUDENT DRUG TESTING PROGRAM. I have read, understood and agree to abide by the policy. I do hereby consent that my child may participate in any such testing as may be authorized by the district in accordance with said policy. Further, I hereby release and hold harmless the Malakoff Independent School District, its trustees, officers, employees, agents, and representatives from any and all liability, claims, and damages related to the STUDENT DRUG TESTING PROGRAM.

_____ Parent/Guardian Signature	_____ Date
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Parent Contact Information

Please provide telephone numbers where you may be contacted during the day or evening hours:

Home: _____ Work: _____ Cell: _____

Email: _____