

STUDENT RIGHTS AND RESPONSIBILITIES:  
INTERROGATIONS AND SEARCHES

FNF  
(EXHIBIT)

**DRUG TESTING CONSENT FORM – STUDENTS WHO PARTICIPATE IN  
EXTRACURRICULAR, CO-CURRICULAR and PARKING**

Each student in grades 9-12 who participate in the drug testing program as a participant in an extracurricular and/or co-curricular activity, or to receive driving/parking privileges on campus, shall be provided with a copy of the Comfort Independent School District drug testing policy FNF (Local) and this "Drug Testing 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 and/or co-curricular activity, or to drive or park a vehicle on campus, this form must be executed by the student and parent and on file. Student (18 years of age and older) or parent/guardian (for minor students) consent shall be required before a student provides a urine sample to be tested for illegal drugs, as chosen by the random/specific selection basis.

As parent/guardian of a minor student, or as a student 18 year or older, enrolled in Comfort Independent School District, I have read and understand Comfort ISD=s policy regarding random student drug testing. Because my child participates in extracurricular activities, and/or receives a parking permit allowing him/her to park his/her vehicle on school property, my student may be asked to provide a urine sample for drug analysis. I consent to such testing conducted as part of Comfort ISD=s drug testing policy.

I also understand that while production of a specimen may not be compelled, the giving of a specimen when requested by the District is a condition of continued participation in the identified extracurricular activities, and/or the privilege of parking a vehicle on school property during the school day. I understand that if a test reveals an unexplained presence of a drug, the District may take action against my student listed above up to and including termination of the privilege of participating in extracurricular activities, and/or revocation of parking privileges, as applicable. I understand that my student's refusal to submit to a test will have the same consequence as if the test result was positive.

I authorize the officers, employees, and agents of the District to communicate and share information regarding drug test results of my student with each other, or as otherwise required by law or overriding health and safety concerns. The District may also communicate such results at any administrative proceeding regarding the drug test.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Signature of parent/guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date