

Monahans-Wickett-Pyote Independent School District
Extracurricular/Athletic Drug Screening Permission Form
2019-2020

AS A STUDENT:

I am in receipt of the Extracurricular/Athletic Drug Screening Policy adopted by the M-W-P ISD Board of Trustees that outlines the procedural safeguards for random drug screening, as well as reasonable suspicion drug testing, and the consequences associated with positive drug screening results, under the influence of drugs or alcohol and/or possession of drugs/alcohol. I understand after having read the extracurricular/athletic drug screening information attached to this form that, out of concern for my safety and health, the Monahans-Wickett- Pyote Independent School District enforces the rules associated to the consumption or possession of illegal drugs/alcohol. I realize that the personal decisions that I make daily in regard to the consumption or possession of illegal drugs/alcohol may affect my health and well-being, as well as the possible endangerment of those around, and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession at any time, I understand upon determination of that violation that I will be subject to the restrictions and consequences as outlined in this policy. I understand that my refusal to submit to a drug or alcohol screening will be treated as a positive screening and subject to consequences as stated in the policy. I am consenting to participation the school district's Random Student Drug Testing program. I understand that if I decline to participation in the Random Student Drug Testing program that I will be unable to participate in extracurricular activities in the Monahans-Wickett-Pyote Independent School District for the entire academic school year.

AS A PARENT:

I have read the M-W-P ISD Drug Testing policy and understand that my child's participation in extracurricular/athletic activities is voluntary and a privilege. I understand that as part of my child's voluntary participation in extracurricular/athletic activities, I am consenting to his/her participation in the school districts Random Student Drug Testing program for the entire academic school year. I understand that if I decline to consent to my child's participation in the Random Student Drug Testing program, my child will be unable to participate in extracurricular/athletic activities in the Monahans-Wickett-Pyote Independent School District.

CONSENT: (please check one)

<p style="text-align: center;">_____ YES, I consent</p> <p>We are in receipt and have fully read and understand the Monahans-Wickett- Pyote Independent School District policy concerning drug/alcohol screening for students involved in extracurricular/athletic activities. We desire that the student named below participate in these activities offered by this school district, and we hereby voluntarily agree to be subject to the terms established by this policy. 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 as provided in this program. We agree and understand that student and/or parent/guardian refusal of the student to submit to a drug and alcohol screening will be treated as a positive screening subject to consequences as stated in the district-adopted policy.</p>	<p style="text-align: center;">_____ NO, I decline</p> <p>We understand the benefits of being involved in extracurricular/athletic activities and how this can improve the student's educational life. However, the below named student declines to participate in any extracurricular/athletic activities for this academic school year. Therefore the below named student will not be eligible for drug screening by the Monahans-Wickett-Pyote Independent School District.</p>
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PRINTED NAME OF STUDENT

STUDENT'S SIGNATURE

DATE

PRINTED NAME OF PARENT/GUARDIAN

PARENT/GUARDIAN SIGNATURE

DATE