

**IDALOU INDEPENDENT SCHOOL DISTRICT
PARENTAL CONSENT FOR RANDOM DRUG TESTING PROGRAM
FOR EXTRACURRICULAR ACTIVITIES AND THE VOLUNTARY
DRUG TESTING PROGRAM**

I, _____ as a parent or guardian of
_____, a student enrolled in Idalou Jr./Sr.

High School, hereby agree to the following:

I understand the school district's policy FNF (LOCAL) regarding substance abuse. I understand that it is the practice of the District to conduct random and reasonable suspicion drug and alcohol tests for the purpose of carrying out this policy.

I understand that my child cannot be compelled to give a urine, breath, saliva, and/or hair sample (hereafter "sample"). I understand that if he/she gives a sample, it will be tested for illegal drugs and/or alcohol. I understand that, if he/she gives a sample, it will be tested for illegal drugs and/or alcohol. I understand that, as a condition of my child's participation in Jr./Sr. High School extracurricular activities or parking on school campus and to be in good standing, my child must give a sample when requested by the District. If my child is not involved in extracurricular activities, I hereby request that my child be allowed to participate in Idalou ISD's Voluntary Random Drug Testing Program and waive his/her rights to the extent needed for Idalou ISD to conduct drug testing under its Voluntary Drug Testing Program. I understand that if my child fails to provide a sample or his or her sample reveals an unexplained presence of an illegal drug and/or alcohol, the District will implement the steps associated with the random drug testing policy, student handbook, and student code of conduct, if applicable. Prescription drugs currently being taken as prescribed:

Comments:

At this time, I hereby agree to my child giving a urine, breath, or saliva sample.

Parent/Guardian Signature

Date

Print Name

Student Signature

Date

Print Name