

**Tarkington ISD
Parental Consent Student Drug Testing**

Student Name (Print) _____ **Student ID#** _____

Campus: _____ **Grade:** _____

AS A STUDENT:

- I understand and agree that participation in extracurricular and co-curricular activities and the right to park on Tarkington Independent School District (Tarkington ISD) property are voluntary and a privilege.
- I understand that, as part of my voluntary participation in extracurricular and co-curricular activities and/or parking on Tarkington ISD, I am consenting to participation in the school district's Student Drug Testing Program.
- I understand that, if I decline to consent to participation in the Student Drug Testing Program, I will not be allowed to participate in extracurricular or co-curricular activities and/or have parking privileges on Tarkington ISD property.

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Student Drug Testing policy and understand that my child's participation in extracurricular and co-curricular activities and/or parking on Tarkington ISD property is voluntary and a privilege.
- I understand that, as part of my child's voluntary participation in extracurricular and co-curricular activities and/or parking privileges on Tarkington ISD property, I am consenting to his/her participation in the school district's Student Drug Testing Program.
- I understand that if I decline to consent to my child's participation in the Student Drug Testing Program, my child will be unable to participate in extracurricular and co-curricular activities and/or have parking privileges on Tarkington ISD property.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs, and/or banned substances in accordance with applicable Board policy. I understand that a qualified vendor will oversee the urine collection process and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to allow the vendor selected by the Tarkington Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs, and/or banned substances.

I further understand and consent to allow the vendor, its doctors, employees, and/or agents, to release results of tests to the designated contact at the Tarkington Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the _____ - _____ school year.

Printed Parent/Guardian/Custodian Name

Daytime Phone Number

Printed Parent/Guardian/Custodian Signature

Date

Student Signature

Date