

Tarkington Middle School Parental Consent

Student Random Drug Testing

Student Name: _____ Student ID#: _____ Grade: _____

As a Student:

- I understand and agree that participation in extracurricular activities is voluntary and a privilege.
- I understand that as part of my voluntary participation in extracurricular activities, I am consenting participation in the school district's Random Student Drug Testing Program.
- I understand that if I decline to consent to participation in the Random Student drug Testing Program that I will be unable to participate in competitive extracurricular activities in the Tarkington Independent School District and will be considered to have a positive test.

As a Parent/Guardian/Custodian:

- I have read policy and understand that my child's participation in extracurricular activities is voluntary and a privilege.
- I understand that as part of my child's voluntary participation in extracurricular activities, I am consenting to his/her participation in the school district's Random Student Drug Testing Program.
- 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 competitive extracurricular activities in the Tarkington Independent School District and will be considered to have a positive drug test.

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 the 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: 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 Forward edge, Inc., 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 with the above-named student might participate during the 2017-2018 school year.

Printed Guardian Name: _____ Phone #: _____

Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

Please return completed form to Mrs. Gilmore. Once completed form is returned, student will be drug tested during next random drug testing at Tarkington Middle School.