

# Parental Consent Student Random Drug Testing

Campus: \_\_\_\_\_

Grade \_\_\_\_\_

Student Name (Print) \_\_\_\_\_ Student ID# \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in extracurricular activities and the ability to drive a vehicle to school, is voluntary and a privilege.
- I understand that as part of my voluntary participation in extracurricular activities and or driving a vehicle to school, I am consenting to 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 and or drive a vehicle to school while in the Lipan Independent School District.
- I will complete the reverse side of this form indicating "2022-2023" activities.

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- I have read policy and understand that my child's participation in extracurricular activities and the ability to drive a vehicle to school, is voluntary and a privilege.
- I understand that as part of my child's voluntary participation in extracurricular activities and or driving a vehicle to school, 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 and or drive a vehicle to school while in the Lipan ISD.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of 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; the vendor selected by the Lipan ISD, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of illicit drugs and/or banned substances.

I further understand and consent to the vendor selected by Lipan Independent School District, its doctors, employees, and/or agents, to release results of tests to the Lipan ISD 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 2022-2023 school year.

\_\_\_\_\_  
Printed Parent/Guardian/Custodian Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**REQUIRED – Academic year 2022-2023**  
**You MUST Check All Activities**  
**That You Will Participate Or Plan To Participate In**

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- |  |  |
|--|--|
| <input type="checkbox"/> Band  | <input type="checkbox"/> Basketball            |
| <input type="checkbox"/> Baseball  | <input type="checkbox"/> Softball              |
| <input type="checkbox"/> Tennis  | <input type="checkbox"/> Student Council       |
| <input type="checkbox"/> Future Farmers of America (FFA)/4H                        | <input type="checkbox"/> Yearbook              |
| <input type="checkbox"/> One Act Play (Drama/Theater Club)                         | <input type="checkbox"/> Golf                  |
| <input type="checkbox"/> Family Career and Community<br>Leaders of America (FCCLA) | <input type="checkbox"/> Student Ath. Trainers |
| <input type="checkbox"/> National Honor Society (NHS)                              | <input type="checkbox"/> Cross Country         |
| <input type="checkbox"/> UIL – Academic and Literary Contest                       | <input type="checkbox"/> Track                 |
| <input type="checkbox"/> Archery   | <input type="checkbox"/> Drive a Car to School |

**Other activities not currently offered but may include:**

- |  |  |
|--|--|
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Speech/Debate |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Choir         |
| <input type="checkbox"/> Color Guard   | <input type="checkbox"/> Swimming      |
| <input type="checkbox"/> Drill Team    | <input type="checkbox"/> Football      |
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Orchestra     |
| <input type="checkbox"/> Wrestling     | <input type="checkbox"/> JROTC         |
| <input type="checkbox"/> Power Lifting |  |

**Please return completed form to your respective coach or sponsor. In order for students to participate in above extracurricular activities during the 2022-2023 school year, this form MUST be turned in.**