

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 "2021-2022" 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 2021-2022 school year.

Printed Parent/Guardian/Custodian Name

Daytime Phone Number

Parent/Guardian/Custodian Signature

Date

Student Signature

Date

REQUIRED – Academic year 2021-2022
You MUST Check All Activities
That You Will Participate Or Plan To Participate In

- | | |
|--|--|
| <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
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 2021-2022 school year, this form MUST be turned in.