

Student Name: _____

Grade: _____

**China Spring Independent School District
Student Drug Testing Program
Parental Notification and Consent Form**

_____ I acknowledge that the student named above participates in or attends extracurricular activity(ies) at China Spring ISD and, as such, is required to participate in the student drug testing program.

_____ The student named above does not participate in or attend extracurricular activities at China Spring ISD. However, as parent/guardian, I give my consent for the student named above to participate in the District's drug testing program.

_____ The student named above does not have my consent to participate in the District's drug testing program. According to the China Spring ISD Student Drug Testing Policy I do understand that the student named above will not be able to do the following:

- **Participate in any school related activity.**
- **Attend any school related extra-curricular function or activity**
- **Drive and park on campus**
- **Participate in Graduation Ceremonies**
- **Attend Prom**

I acknowledge that I have read a copy of Board Policy FNF and the Administrative Procedures for the China Spring ISD Mandatory Drug Testing Program for Students Participating in or attending Extracurricular Activities. I have read and understand the purposes, requirements, and consequences of the drug testing program as described in those documents. These documents are posted on the district website at www.chinaspringisd.net and are available for viewing at any time.

I acknowledge that the Medical Review Officer will contact the student's parent or adult student through the China Spring ISD contact person if a drug test is positive. The purpose of this contact with the Medical Review Officer is to determine if there is an acceptable reason for the positive test result, in which case the test result will be considered negative.

Parent / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____