

Community ISD Independent School District

Dr. Tonya Knowlton—Superintendent

Community ISD Extra Curricular/Parking Permit Drug Testing Program Authorization

Student's Name:			Grade Level:		
		•		activities or who request a per and drug testing requirement	
Drug Testing Progra analysis. I consent testing policy. I ag right to conduct ar policy and I fully ur legal or local polici	am Policy. I recognize and to any such testing cond ree that I will not refuse the such test(s) on me. I have a contained in the Commerce and	d understand that ucted as part of the contact of t	t I could be asked the Community I! est(s) or otherwise right to ask quand that the pol d Policy Manual.		r drug Ig 's
Listed below are ti	ne prescription drugs and	d dosages my son	<u>/daughter takes</u>	s on a permanent basis:	
Drug Name:			Dosage :		
Drug Name:		Dosa	Dosage :		
Drug Name:		Dosa	Dosage :		
My son/daughter	does not take any prescr	iption medication	n on a permanei	nt basis.	
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Activities Involved	in: (Check all that apply	1			
Cheerleading	Basketball	FFA	Football	Cross-Country	
Volleyball	UIL Academics	Band	Baseball	Golf	
Robotics	Tennis	Softball	Dames	FCCLA	
One Act Play Fishing Team	Powerlifting	Track	STUCO	Color Gaurd	
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