ALVARADO ISD
PO Box 387 Alvarado, TX 76009 817.783.6800

Alvarado ISD Drug Testing Program

Parent/Guardian Permission Form

_____ DOES consent to participate in the Alvarado ISD Drug Testing Program.

Our signatures are evidence that we understand Board Policy FNF (LOCAL), the written procedures as outline in the Drug Testing Program Handbook, and accept responsibility for full participation.

We further agree and consent to the disclosure of the sampling, testing and results as provided for in this Program. This consent is given pursuant to all state and federal privacy statutes, including the Family Education Rights and Privacy Act, and the Hatch Amendment, and is a waiver of any right of non-disclosure of such test records and results, to the extent authorized in the Program.

We further understand that the scholar's participation in the Program shall continue until graduation or until the scholar and his/her parent withdraws him/her from the Program in writing.

As parents, we are aware of our child's participation and support his/her decision. We are aware that our child has the right to refuse to submit to the testing at any time, but that refusal will be viewed as a positive result and will be handled according to sanctions outline in the Drug Testing Program Handbook.

_____	_____	_____
Scholar Name (Please Print)	Scholar Signature	Date

_____	_____	_____	_____
Parent Signature	Date	Home Phone	Work Phone

Inspiring & Empowering Learners

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