

Elgin ISD
Random Student Drug Testing
Permission Form
Required for: Parking Permit &
Extracurricular Activity Participation



Campus

Student's Legal First Name (Please Print)

Student's Legal Last Name (Please Print)

Date of Birth

Student ID #

Parent:

Please initial all that apply

Athlete _____ Parking _____

*Extra-Curricular _____

*Applies to band, cheer, clubs, FFA, UIL activities, etc.

None of the Above, but Voluntary _____

AS A STUDENT:

- I understand and agree that participation in extracurricular activities and/or the ability to purchase a parking permit are voluntary and a privilege. I understand that as part of my voluntary participation in extracurricular activities and/or parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing program. Permission for student drug testing shall be effective as long as the student is enrolled at the District campus designated on the permission form and participates in extracurricular activities and/or parks on campus as provided in policy FNF Local.
- 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 extracurricular activities or purchase a parking permit in the Elgin Independent School District.

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read policy FNF (LOCAL) and understand that my child's participation in extracurricular activities and/or his/her ability to purchase a parking permit is voluntary and a privilege. I understand that as part of my child's voluntary participation in extracurricular activities and/or the purchase of a parking permit, I am consenting to his/her participation in the school district's Random Student Drug Testing program. Permission for student drug testing shall be effective as long as the student is enrolled at the District campus designated on the permission form and participates in extracurricular activities and/or parks on campus as provided in policy FNF Local.
- 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 extracurricular activities or purchase a campus parking permit in the Elgin Independent School District.
- As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the Elgin Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the urinalysis. I further understand and consent to the vendor selected by Elgin Independent School District, its doctors, employees, and/or agents, to release results of tests to the Elgin Independent School District in accordance with Board policy.

PRINTED NAME Parent/Guardian/Custodian

Daytime Phone Number

SIGNATURE Parent/Guardian/Custodian

Date

STUDENT SIGNATURE

Date

**You must return the completed form to your campus administrator, respective coach,
or sponsor.**

Signature of Coach/Sponsor/Principal

____/____/____
Date