

Student ID # _____

GEORGETOWN ISD STUDENT DRUG TESTING CONSENT FORM FOR MINOR STUDENT

I, _____, as parent or guardian of _____, a minor student enrolled in Georgetown ISD and participating in school-sponsored extracurricular activities have read and understand Georgetown ISD's policy regarding random student drug testing.

I understand that my child will be asked to provide a urine sample for drug analysis, and I consent to such testing conducted as part of the District's drug testing policy.

I also understand that while my child may not be compelled by the District to produce a specimen, the giving of a specimen when requested is a condition of my child's continued participation in the identified extracurricular activities. I understand that if my child's specimen reveals an unexplained presence of a drug, the District may take action against my child up to and including termination of participation in extracurricular activities. I understand that refusal to submit to a test will have the same consequence as if my child had tested positive.

***This consent form will suffice for the remainder of the student's extracurricular eligibility.
Print all information except signatures. Provide information for the following:***

_____	_____
Printed Student Name	Extracurricular Activities
_____	_____
School	Grade
_____	_____
Student Signature	Date
_____	_____
Parent/Guardian Signature	Date

LIST ANY PRESCRIPTIONS MEDICATIONS THAT STUDENT IS CURRENTLY TAKING:
