GEORGETOWN ISD
STUDENT DRUG TESTING CONSENT FORM FOR STUDENT AGE 18 OR OLDER

I, _____, a 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 I 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 I may not be compelled by the District to produce a specimen, the giving of a specimen when requested is a condition of my continued participation in the identified extracurricular activities. I understand that if my specimen reveals an unexplained presence of a drug, the District may take action against me 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 I had tested positive.

_____   _____

Student Signature   Date

Parent Acknowledgment

As the parent or guardian of _____, I have read and understand Georgetown ISD's policy regarding random student drug testing. I consent to such testing conducted as part of the District's drug testing policy. I understand that if a test of 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.

_____   _____

Parent/Guardian Signature   Date

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

_____   _____

Printed Student Name   Extracurricular Activities

_____   _____

School   Grade

LIST ANY PRESCRIPTIONS MEDICATIONS THAT STUDENT IS CURRENTLY TAKING:

_____
_____
_____
_____
_____