

2022-2023
HARDIN-JEFFERSON
RANDOM DRUG TESTING AUTHORIZATION

Student: _____

Student ID Number: _____

Grade: _____

Parent/Guardian: _____

Circle One: Extra-Curricular Participant or Voluntary Participant

Extra-Curricular Activities: _____

Students DL Number: _____

I understand that electing to participate in extra-curricular activities and/or drive a motor vehicle on campus that I hereby agree to accept and abide by the standards, rules, and regulations of the Hardin-Jefferson ISD Random Drug Testing Policy set forth by Hardin-Jefferson ISD and the Board of Trustees. "Extra-Curricular activities" will be defined as any team, group or organization that competes or performs publicly for or represents H-J I.S.D. in any capacity. I also understand that failing to accept and abide by this policy will forfeit my rights to participate in extra-curricular activities and/or drive a motor vehicle on campus. I have received, read, and understand the policy concerning student drug and alcohol testing that Hardin-Jefferson ISD will enforce out of concern for my health and safety.

Student Signature: _____

Date: _____

I have received, read and understand the policy concerning student drug and alcohol testing that Hardin-Jefferson ISD will enforce out of concern for the health and safety of my child. I authorize the Hardin-Jefferson ISD to have a certified individual to perform a urine test for drugs and alcohol and to release the information regarding the results to the Hardin-Jefferson Independent School District. I also authorize Hardin-Jefferson ISD to release my child's name, social security number, and biological specimens to the Vendor chosen by Hardin-Jefferson ISD to perform the drug testing. I authorize the officers, employees of the Vendor and Hardin-Jefferson to communicate, for official purposes, the results of my child's drug tests.

Parent/Guardian Signature: _____

Date: _____