



Muenster Independent School District

A Tradition of Success

www.muensterisd.net

113 East 7th Street, PO Box 608, Muenster, TX 76252

940.759.2281

Matthew Quick, Superintendent

Debra Sicking, Elementary Principal

Dr. John Underwood, JH/HS Principal

Muenster ISD Drug/Alcohol Screening Test Parent/Guardian/Student Consent Form

I, _____, am the parent/guardian of (printed name of parent/guardian) _____ (Printed name of student) a student enrolled in the Muenster Independent School District.

I understand that participation in an extracurricular activity and driving privileges may be withdrawn for violations of the MISD Board Policies.

I understand that extracurricular activities include, but are not limited to: all UIL activities; school-sponsored student groups/clubs/organizations; student council; and all elected/appointed student officers.

I acknowledge that I have received a copy of the FNF Regulation Random Drug/Alcohol testing program for Muenster ISD. I have read the District's administrative guidelines and policy and understand the provisions of the Random Drug/Alcohol Testing program. I hereby consent to testing provided by the program. I understand that participation in extracurricular activities in Muenster ISD, as defined under the policy, is conditioned upon my consent and participation in Random Drug/Alcohol Testing Program. In consideration of the benefits arising to me/my child from this activity, I hereby grant permission for me/my child to participate in the program. I further agree to and shall indemnify and hold harmless the District, its officers, agents and employees, from suits and liability of every kind, including expenses of litigation, court cost, and attorney fees for injury or damage which I or my child, or any other person might sustain as a result of my child's participation in the Random Drug/Alcohol Testing Program.

I acknowledge that I have read and understand this consent and release. I represent that I am the student, or the parent/guardian of the student named above, and I hereby agree that we shall both be bound by the terms of the consent and release provisions set forth in the Random Drug/Alcohol Testing Policy.

Circle one: Parent or Guardian Signature

Date

I, the student noted above, acknowledge that I have read the foregoing consent and release and that I understand it and agree to be bound by its terms and the terms of the Random Drug/Alcohol Testing Program

Student Signature

Date