

BROOKS COUNTY INDEPENDENT SCHOOL DISTRICT

DRUG TESTING AUTHORIZATION



BROOKS COUNTY ISD

Student Information Sheet.

Student Name: _____

Student School ID Number: _____ Campus: _____

Student Grade Level School Year 2025/2026

: _____

(Check one) Male: _____ Female: _____

A parent's or Legal guardian's information:

Mother/Guardian's Name: _____

Home phone: _____

Work phone: _____

Cell Phone: _____

Email: _____

Father/Guardian's Name: _____

Home phone: _____

Work phone: _____

Cell Phone: _____

Email: _____

I AUTHORIZE YOU TO CONTACT MY PARENTS OR LEGAL GUARDIAN

Signature of student: _____ Date: _____



**BROOKS COUNTY ISD DRUG TESTING PROGRAM
AUTHORIZATION TO TEST**

Student Name: _____

(Last)

(First)

Student School ID Number: _____ Campus: _____

Student Grade level school year 2025/2026: _____

(Check one) Male:___ Female:___

Brooks County ISD has a student drug-testing program for students who participate in school-sponsored extra-curricular activities, and this includes all University Interscholastic League activities. This policy can be found on the district's website under policy FNF (LOCAL). Parents of students subject to the FNF policy will need to sign this agreement along with their student for their student to participate in the activities.

Student drug testing is conducted by a certified vendor and students are required to follow the protocols required by the vendor for the testing process.

A positive result will be communicated to the parent, Superintendent's Office and principal from the vendor. The principal will notify and coordinate a meeting with you, and the activity sponsor to review consequences, and assist with help moving forward.

DRUG TEST RESULT: A positive drug test, refusal to test, failure to provide a sample in the allotted time, or evasion of testing under this policy shall have the following consequences:

1. **First offense-** Suspension from participation in games, performances, and travel for said activities for 30 calendar days starting the date of student notification of the failed test.
 - a. Students may continue to practice during this period.
 - b. Students who test positive will continue to be tested for the remainder of the suspension and school year including post-season play or performances continued during the summer.
2. **Second offense-** Suspension from participation in games, performances, and travel for said activities for 45 calendar days starting the date of student notification of the failed test.
 - a. Students will not be allowed to practice during this period.
 - b. Students who test positive will continue to be tested for the remainder of the suspension and school year including post-season play or performances continued during the summer.
 - c. Students are required to participate in an approved drug awareness program or drug use counseling plan approved by the principal.

3. **Third offense-** Students are suspended from all activities covered under this testing program for 180 calendar days and are required to participate in the drug testing program during this time to be reinstated at the end of the suspension.
- a. Failure to participate in the drug testing program during the suspension, a positive drug test, refusal to test, failure to provide a sample in the allotted time, or evasion of testing under this policy will cause the 180-day suspension to reset on the date of the incident.
4. **Tampering with or disrupting the drug testing process, such as the use of fake urine or fouling a test will result in school disciplinary action and be treated as a third offense.**

The consequences of a positive test in the current school year will reset if the suspension is completed during the school year when the positive test is reported. If the suspension carries over into the following school year and the student tests positive again during the suspension, then the student will move to the next consequence.

I acknowledge that I have read and understand the above drug test policy and consequences.

I understand that I could be asked to provide a urine sample for drug testing. I consent to any such testing conducted as part of the drug testing policy. I have been given the right to ask questions about the drug testing policy and fully understand its provisions.

Student's signature: _____ Date: _____

Printed Name Parent/Guardian: _____

Parent/Guardian Best Phone Number: _____

Parent/Guardian Email: _____

Parent/Guardian's Signature: _____ Date: _____