Sanger Independent School District

Student Consent and Parent Authorization 2026-2027 Participation in District Drug Testing Program

Each student in grades 7-12 who participates in extracurricular activities or who receives a permit to park a vehicle on District property shall participate in the District mandatory drug testing program pursuant to Policy FNF (Local). The student and parent are required to sign this acknowledgment and consent form.

Print Student's Name: _____

Print Parent Name: _____

Student ID#: _____ Grade: 7 8 9 10 11 12 Gender: Male / Female

Please list each extracurricular activity in which the student participates: _____

_____

FOR STUDENT:

I hereby acknowledge that I have been notified of the district policy FNF (LOCAL) as related to the STUDENT DRUG TESTING PROGRAM. I further acknowledge that I understand the provisions of the policy, and I hereby consent to any such testing as may be authorized by the district in accordance with said policy. I further understand that because the tests are to be conducted on a random basis, I may be selected for testing more than once each year and that refusal to submit to such tests may be grounds for action as specified in the policy.

_____ _____

Student's Signature **Date**

FOR PARENT OR GUARDIAN:

I hereby acknowledge that I have been notified of the district policy FNF (LOCAL) as related to the STUDENT DRUG TESTING PROGRAM. I do hereby consent that my child may participate in any such testing as may be authorized by the district in accordance with said policy. I understand that I may withdraw the authorization for testing at any time upon submission of a written notice to the District Drug Testing Coordinator. I further understand that, upon withdrawal, my child will become ineligible to participate in any of the activities listed above or specified in the policy until such time as authorization and consent to the test is granted. Further, I hereby release and hold harmless the Sanger Independent School District, its trustees, officers, employees, agents, and representatives from any and all liability, claims, and damages related to the STUDENT DRUG TESTING PROGRAM.

_____ _____

Parent/Guardian Signature **Date**

Parent Contact Information

Please provide telephone numbers where you may be contacted during the day or evening hours:

Home: _____ Work: _____ Cell: _____