~Kirbyville Consolidated ISD~

Student Drug Testing Authorization

Student Name:				
Student SSN:				
Student ID Number				
Parent/Guardian				
Contact Number				
Policy. I recognize and drug analysis. I constant competitive extra-currectance I would like understand that refusing right to ask questions accordance with the drawn and the drawn of the	have received a copy of ad understand that my stu- sent to allow my student ricular activities, drives my child to voluntarily ng to test is treated the say as about the drug testing rug testing policy, results only with relevant sch	dent could be asked to be tested because or parks a vehicle participate in randome as a positive test policy and fully un of drug analysis will	to provide a urine sare my student: particion school premises om student drug testresult. I have been goderstand its provision be kept strictly controlled.	mple for ipates in , and/or sting. I given the ons. In fidential
Parent/Guardian Signa	ature:		Date:	
Policy. I recognize a analysis. I consent to drive or park a vehic random student drug t test result. I have been understand its provision will be kept strictly conservation.	have received a copy of and understand that I coup to be tested because I; particle on school premises, a testing. I understand that en given the right to ask of ons. In accordance with confidential and will be not's parents/guardians.	and/or because I am t refusing to test is tr questions about the drug testing pol	ide a urine sample to we extra-curricular according voluntarily particip reated the same as a rug testing policy and icy, results of drug	for drug ctivities, pating in positive d I fully analysis
Student Signature:			Date:	