

# ~Kirbyville Consolidated ISD~

## Student Drug Testing Authorization

Student Name: \_\_\_\_\_

Student SSN: \_\_\_\_\_

Student ID Number \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Contact Number \_\_\_\_\_

I acknowledge that I have received a copy of the Kirbyville Consolidated ISD Drug Testing Policy. I recognize and understand that my student could be asked to provide a urine sample for drug analysis. I consent to allow my student to be tested because my student: participates in competitive extra-curricular activities, drives or parks a vehicle on school premises, and/or because I would like my child to voluntarily participate in random student drug testing. I understand that refusing to test is treated the same as a positive test result. I have been given the right to ask questions about the drug testing policy and fully understand its provisions. In accordance with the drug testing policy, results of drug analysis will be kept strictly confidential and will be shared only with relevant school personnel, the student, and the student's parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge that I have received a copy of the Kirbyville Consolidate ISD Drug Testing Policy. I recognize and understand that I could be asked to provide a urine sample for drug analysis. I consent to be tested because I; participate in competitive extra-curricular activities, drive or park a vehicle on school premises, and/or because I am voluntarily participating in random student drug testing. I understand that refusing to test is treated the same as a positive test result. I have been given the right to ask questions about the drug testing policy and I fully understand its provisions. In accordance with the drug testing policy, results of drug analysis will be kept strictly confidential and will be shared only with relevant school personnel, the student, and the student's parents/guardians.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_