



Rosebud-Lott ISD Student Drug Testing Consent Form and Release

Student Name: _____
Please Print

Grade: _____

Consent to Participate

Student Participating in Extracurricular Activities

I acknowledge that the student named above participates in extracurricular activity(ies) at Rosebud-Lott ISD and, as such, is required to participate in the student drug testing program.

Student Not Participating in Extracurricular Activities
Parent/Guardian Request for Student to Participate

I acknowledge that the student named above does not participate in extracurricular activities at Rosebud-Lott ISD and, as such, I formally request that my student be allowed to participate in the student drug testing program.

I acknowledge that I have reviewed the Random Student Drug Testing Program Policy, FNF (LOCAL), for Rosebud-Lott ISD. I have read and understand the purposes, requirements, and consequences of the drug testing program. I hereby consent and agree to the testing provided in said program. I understand that participation is conditioned upon voluntary consent.

I hereby consent and agree to the testing of the student named above as provided in Board Policy FNF (LOCAL). I further agree to and shall indemnify and hold harmless the Rosebud-Lott ISD, its officers, agents, and employees, from suits, and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for any injury or damages which I, my child, or any other person might sustain as a result of my child's participation in this drug testing program.

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

Parent/Guardian Signature

Date

I, the student noted above, acknowledge that I have read the forgoing consent and release and that I understand it and agree to be bound by its terms and the terms of the drug testing program.

Student Signature

Date

Refusal to Participate

The student named **above does not have my consent to participate in the drug testing program.** I understand that the student **will not be allowed to participate in extracurricular activities or drive to or park on** Rosebud-Lott ISD property.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

Listed below are the prescription/non-prescription drug(s) and dosages taken by my student:

Drug Name (print): _____

Dosage: _____ Time: _____

Drug Name (print): _____

Dosage: _____ Time: _____