

I understand the Student Drug Testing Procedure (explained in Policy FNF LOCAL). I realize that the personal decision I make in regard to the consumption of illegal drugs may affect my health and well-being as well as the possible endangerment of those around me. If I choose to violate school procedure/ policy regarding the use of illegal drugs, I understand that I will be subject to the restrictions as outlined.

Signature of STUDENT

_____/_____/_____
Date of Birth

_____/_____/_____
Today's Date

I have reviewed the Student Drug Testing Procedure (explained in Policy FNF LOCAL found on the GCISD website or to request a copy, call 432 354 2244). I desire that the student named above participate in extracurricular/ co-curricular programs, as a driving student, and/or with the voluntary consent of the parent/ guardian. I hereby voluntarily agree to its terms. I accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

Signature of PARENT/ GUARDIAN

_____/_____/_____
Today's Date

I do NOT want my child to participate in the Glasscock County ISD Student Drug Testing Program and understand that my child will be excluded from all extracurricular/ co-curricular activities along with the privilege of parking a vehicle on school grounds.

Signature of PARENT/ GUARDIAN

_____/_____/_____
Today's Date

Signature of STUDENT

Print Name

Grade

Attachment: Glasscock County ISD Drug Testing Procedure
For more information, please see Glasscock County ISD Policy FNF LOCAL.