



**Carroll Independent School District**



***Student Consent and Parent Authorization 2018-2019 Participation in  
District Voluntary Random Drug Testing Program***

Each student in grades 7-12 who wishes to participate in the District Voluntary Random Drug Testing Program as defined and pursuant to Policy FNF (LOCAL) are required to sign this acknowledgment and consent form along with their parent and **return to your campus principal.**

Print Student's Name: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Grade: 7    8    9    10    11    12

Gender: Male / Female

**FOR STUDENT:**

I hereby acknowledge that I have been notified of the District's policy FNF (LOCAL), as it relates 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.

_____ <b>Student Signature</b>	_____ <b>Date</b>
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**FOR PARENT OR GUARDIAN:**

I hereby acknowledge that I have been notified of the District's policy FNF (LOCAL), as it relates 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. Further, I hereby release and hold harmless the Carroll Independent School District, its trustees, officers, employees, agents, and representatives from any and all liability, charges, complaints, demands, causes of action, claims, loss, expenses, or damages related to the STUDENT DRUG TESTING PROGRAM.

_____ <b>Parent/Guardian Signature</b>	_____ <b>Date</b>
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**Parent Contact Information**

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

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_