

Cash_____

Check #_____

Red Oak ISD Student Drug Testing Authorization 2016 - 2017

\$17.00

Activity/Sport:_____

Student Name_____

Grade_____

Student ID Number_____

As a Student:

- I understand and agree that participation in extra-curricular activities is a privilege that may be withdrawn for violations of the Red Oak ISD Drug Testing Policy.
- I have read the Red Oak ISD Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy. [FNC (LOCAL)]
- I understand that when I participate in any extra-curricular activity, I will be subjected to initial and random drug testing, and if I refuse, I will not be allowed to practice or participate in any activities.

Student Signature

Date

As a Parent/Guardian:

- I have read the Red Oak ISD drug testing policy and understand the responsibilities of my son/daughter as a participant in extra-curricular activities at Red Oak High School. [FNC (LOCAL)]
- I understand that my son/daughter/ward, when participating in any extra-curricular activity, will be subjected to initial and random drug testing, and if they refuse; I understand the consequences that they will face if they do not honor their commitment to the Drug Testing Policy.
- I understand this is binding while my son/daughter/ward is a student at Red Oak High School.

Parent/Guardian Signature

Date