

SCURRY - ROSSER INDEPENDENT SCHOOL DISTRICT
DRUG TESTING AUTHORIZATION – PARTICIPATING STUDENTS

Student's Name _____ Social Security # _____

AS A PARTICIPATING STUDENT

- I understand and agree that participation in extracurricular activities is a privilege that may be withdrawn for violations of the Scurry-Rosser Independent School District Drug Testing Policy.
- I have read the Scurry-Rosser Independent School District Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my obligations under the drug testing policy.
- I understand that when I participate in Tested Extracurricular Activities, as defined in the Drug Testing Policy, I will be subject to initial and random drug testing. If I refuse testing, such refusal will be treated the same as a positive drug test. I have read the content of the Consent to Perform Drug Testing for Extracurricular Activities and agree to its terms.
- I understand this is a binding agreement while a student in the Scurry-Rosser Independent School District.

Student Signature: _____ Date: _____

AS A PARENT/GUARDIAN/CUSTODIAN

- I have read the Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in the TESTED EXTRACURRICULAR ACTIVITIES in the Scurry-Rosser Independent School District.
- I pledge to promote healthy life styles for all students in the school district.
- I understand that my son/daughter/ward, when participating in Tested Extracurricular Activities, will be subject to initial and random drug testing. I also understand the consequences that they will face if they refuse to honor their obligations under the drug testing policy.
- I understand this is a binding agreement while my son/daughter/ward is a student in the Scurry-Rosser Independent School District.

Listed below are the prescription drugs and dosages my son/daughter takes on a regular basis. I understand that, depending on the type of medication and the circumstances, its use may have to be verified and discussed with the doctor who prescribed it. I give permission for the doctor(s) who prescribed medication for my daughter/son/ward's medical condition(s) to verify the circumstance and discuss any effects that the medication(s) may have on my son/daughter/ward's lab test results or school performance.

Drug Name: _____	Dosage: _____
_____	_____
_____	_____
_____	_____

_____ My son/daughter does not take any prescription medication on a regular or permanent basis.

Parent/Guardian Signature: _____ Date: _____

SCURRY - ROSSER INDEPENDENT SCHOOL DISTRICT
CONSENT TO PERFORM DRUG TESTING – PARTICIPATING STUDENTS

I/we hereby consent to allow _____ to undergo drug testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedures for the Drug Testing of Scurry-Rosser Independent School District students as approved by the Scurry-Rosser Independent School District Board of Trustees.

We understand that a qualified vendor will oversee the collection process.

We understand that any urine samples will be sent only to a certified laboratory for testing, and that the samples will be coded to provide confidentiality.

We hereby give our consent to the vendor selected by the Scurry-Rosser Independent School District, its Doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform drug testing for the detection of illicit drugs or banned substances.

We further give permission to the vendor selected by the Scurry-Rosser Independent School District, its doctors, employees, or agents, to release all results of these tests to the Scurry-Rosser Independent School District. We understand these results will be forwarded to the superintendent or designee and will be made available to us.

We understand that consent pursuant to this Informed Consent Agreement will be effective for all Participating Students In Tested Extracurricular Activities as defined in the Drug Testing Policy.

We hereby release the Scurry-Rosser Independent School District Board of Education and it's employees from any legal responsibility or liability for the release of such information and records.

Parent/Guardian Signature

Date