

CONFIDENTIAL INFORMATION

Student Name: _____
Student ID#: _____
Grade: _____ Gender: _____

**2012 - 2013
BOERNE ISD**

<input type="checkbox"/>	Athletics	_____
<input type="checkbox"/>	Parking	_____
<input type="checkbox"/>	Other	_____

STUDENT RANDOM DRUG TESTING CONSENT FORM
FOR THOSE STUDENTS
PARTICIPATING OR INTENDING TO PARTICIPATE DURING
2012-2013 IN EXTRA CURRICULAR ACTIVITIES
OR ON-CAMPUS DRIVING PRIVILEGES

Student Name (Print Clearly): _____

Grade: _____ Campus: _____

As a parent or guardian of a student enrolled in Boerne ISD, I have read and understood Boerne ISD's policy regarding random student drug testing.

Because my child participates in extracurricular activities and/or receives a parking permit allowing him/her to park his/her vehicle on school property during the school day, I understand that my child will be asked to provide a urine sample for drug analysis. I consent to such testing as part of the District's drug and alcohol testing policy.

I also understand that while my child cannot be compelled to produce a specimen, the giving of a specimen when requested by the District is a condition of my child's continuing to participate in extracurricular activities and/or continuing the privilege of on campus driving/parking.

I understand that if a test of my child's specimen reveals an unexplained presence of a drug or alcohol, the District may withdraw driving/parking privileges and the privilege of participating in extracurricular activities. I understand that refusal to submit to a test will have the same consequence as if my child had tested positive.

I authorize the officers, employees, and agents of the District to communicate and share information with each other regarding my child's drug test results both orally and in writing. The District may also communicate such results at any administrative proceeding regarding my child's drug test.

Parent/Guardian Name (Please Print Name Clearly)

Parent/Guardian Signature

Date

Student Signature

Date

CONFIDENTIAL INFORMATION

Student Name: _____

Student ID#: _____

Grade: _____ Gender: _____

2012 - 2013

BOERNE ISD

PARENT **CONSENT** FORM
FOR STUDENT RANDOM DRUG TESTING

For students **NOT** participating or intending to participate in Extra Curricular Activities or on-campus Driving Privileges

Student Name (Print Clearly): _____

Grade: _____ Campus: _____

As a parent or guardian of a student enrolled in Boerne ISD, I have read and understand Boerne ISD's policy regarding voluntary random student drug and alcohol testing. **I hereby give my consent for my child's enrollment in this program.**

Because my child did not receive a parking permit allowing my child to park his/her vehicle on school property during the school day and is not participating in any extracurricular activity, my child is not required to participate in the mandatory random drug and alcohol testing program. I understand that as parent/guardian, I may have my child not included in the random drug testing program by simply signing the form on the back of this page titled "Parent Denial Form for Student Random Drug Testing".

I understand that by signing this form (below), my child **will** be enrolled in the random drug testing program and will be asked to provide a urine sample for drug analysis, and I consent to such testing conducted as part of the District's drug and alcohol testing policy. I also understand that my child cannot be compelled to produce a specimen. I understand that if a specimen is given upon request, it will be tested for drugs and alcohol.

I understand if my child has a positive test only the parent and guardian will be contacted by the drug testing company. The drug testing company will not notify the school of the results of the test whether positive or negative. I understand that I may withdraw my student from participation in the program at any time.

Parent/Guardian Name (Please Print Clearly)

Parent/Guardian Signature

Date

Student Signature

Date

CONFIDENTIAL INFORMATION

Student Name: _____
Student ID#: _____
Grade: _____ Gender: _____

2012 - 2013
BOERNE ISD

PARENT DENIAL FORM
FOR STUDENT RANDOM DRUG TESTING

For students **NOT** participating or intending to participate in Extra Curricular Activities or on-campus Driving Privileges

Student Name (Print Clearly): _____

Grade: _____ Campus: _____

As a parent or guardian of a student enrolled in Boerne ISD, I have read and understand Boerne ISD's policy regarding random student drug and alcohol testing. Because my child did not receive a parking permit allowing my child to park or drive his/her vehicle on school property during the school day and because my child is not participating in any extracurricular activity, my child is **not** required to participate in mandatory random drug and alcohol testing.

Although ALL students in grades 7-12 are eligible to participate in the random drug testing program, I **hereby decline** the opportunity for my child to participate.

Parent/Guardian Name (Please Print Clearly)

Parent/Guardian Signature

Date

Student Signature

Date

Note: School officials may contact parents/guardians who sign this form to verify authenticity of the signature.