SHARYLAND INDEPENDENT SCHOOL DISTRICT

PARENTAL CONSENT FOR RANDOM DRUG TESTING PROGRAM FOR EXTRACURRICULAR ACTIVITIES OR THE VOLUNTARY DRUG TESTING PROGRAM

Voluntary Student Drug Testing Progr	are involved in extracurricular activities, or participate in the ram)
	, as a parent or guardian of, hereby agree to the following for the duration of his/ he
•	cy regarding substance abuse. I understand that it is the practice o reasonable suspicion drug and alcohol testing for the purpose o
he/she gives a sample, it will be tested of my child's participation in grades good standing, my child must give a sextracurricular activities, I hereby recovoluntary Random Drug Testing Programy child fails to provide a sample or hand/or alcohol, the District will implicated than the district will implicated the district will be tested of my child fails to provide a sample or hand/or alcohol, the District will implicated than the district will be tested of my child fails to provide a sample or hand/or alcohol, and student code	
Prescription drugs currently taken as	prescribed:
Comments:	
At this time, I hereby agree to my chil saliva, for purposes of drug and alcoh	ld giving a biological specimen, including urine, breath, hair, and/o
Parent/Guardian Signature	
Printed Name	Witness
Student Signature	Student ID Number
Printed Name	Current Grade