

ROOSEVELT ISD

DRUG TESTING CONSENT FORM

By our signatures below, we agree to participate in the Roosevelt ISD drug testing program for students participating in extracurricular activities and driving on campus. We understand that failure by either of us to sign this form shall result in removal of the privilege of participation in extracurricular activities, including practice and competition. We understand the consequences of a positive test will result in vehicle restrictions on campus, extracurricular suspensions, drug counseling and community service. If either of us is unclear about any aspect of the drug testing policy and program, it is our individual responsibility to contact the principal or Officer McCann at the school. These forms are renewed every year.

(Student's Name—Printed)

(Student Signature)

(Last 6 digits of Student Social Security)

(Activity Participating)

(Student's Grade)

(Parent/Guardian Signature)

2019-2020

(Date)