



Springtown Independent School District
2020 – 2021
Random Drug-Testing Program Consent Form



***In order for a student to be eligible to participate in Springtown ISD’s extracurricular activities (in grades 7-12), the parent or guardian of a student under age 18 must sign and submit this form.**

Parent, Guardian, or a Student not Considered a Minor:

*I have been notified of the implementation of Springtown ISD Board Policy FNF(LOCAL) as outlined through FNF(REGULATION), and recognize the District’s belief that the use of alcohol or other drugs by students participating in extra-curricular activities presents a hazard to the individual’s health, safety, and welfare. I also understand the District believes a random drug-testing program may not only provide a deterrent to drug use, but also help identify and support students who may be in need of additional direction and assistance. **By signing below, I consent to my child’s participation in the District’s Random Drug-Testing Program for students in extracurricular activities in accordance with local board policy.** I understand I may withdraw my authorization at any time, but that in doing so my child will become ineligible to participate in SISD’s extra-curricular programs. I hereby release Springtown ISD’s trustees, officers, employees, agents, and representatives from any and all liabilities, claims, and damages related to the District’s Random Drug-Testing Program.*

 Printed Name of Parent, Guardian, or Student over 18 or Emancipated

 Signature of Parent, Guardian, or Student over 18

 Date

Students considered a Minor under state law must also sign the acknowledgement below:

I recognize and understand the District’s belief that the use of alcohol or other drugs by students participating in extra-curricular activities presents a hazard to the individual’s health, safety, and welfare. I also understand the District believes a random drug-testing program may not only provide a deterrent to drug use, but also help identify and support students who may be in need of additional direction and assistance. By signing below, I acknowledge understanding the provisions of the policy, and consent to any such testing as may be authorized by the District in accordance with FNF(LOCAL). I also understand that, because of the randomness of the testing program, I may be selected more than once each year, and that my refusal to submit to such tests may result in actions outlined through FNF(REGULATION).

 Student’s Printed Name

 Student’s Signature

 Date

Circle Student’s Grade: 7 8 9 10 11 12

Student’s Birthdate: _____
 Month/Day/Year

List each extra-curricular activity in which the student participates: _____

