



Belton ISD Student Drug Testing Consent Form 2021-2022

Student Last Name Student First Name Student ID # Grade Level

AS A STUDENT:

- I understand and agree that participation in school-sponsored extracurricular activities is voluntary and a privilege. I understand that as part of my voluntary participation in school-sponsored extracurricular activities, I am consenting to participation in the BISD’s Random Student Drug Testing program.
- I understand that if I decline to consent to participate in the Random Student Drug Testing program that I will be unable to participate in competitive extracurricular activities in BISD for the entire academic school year, 2021-2022.
- I have read the information for the BISD Random Student Drug Testing Program located in [Administrative Policy FNF \(Regulation\)](#).

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read [BISD Board Policy FNF \(Local\)](#), [Administrative Policy FNF \(Regulation\)](#) and understand that my child’s participation in school-sponsored extracurricular activities and enrollment in corresponding courses is voluntary and a privilege. I understand that as part of my child’s voluntary participation in school-sponsored extracurricular activities, I am consenting to his/her participation in BISD’s Random Student Drug Testing program for the entire academic school year, 2021-2022. The parent and student drug testing program presentation can be viewed on the BISD website at the following link:

<https://www.bisd.net/cms/lib/TX50000217/Centricity/Domain/219/Drug-Testing-Presentation-2020-2021.pdf>

- I understand that if I decline to consent to my child’s participation in the Random Student Drug Testing program, my child will be unable to participate in school-sponsored extracurricular activities.

As evidenced by my signature below, I hereby consent to allow the student named above to participate in random drug testing for the presence of illicit drugs, cotinine, and/or banned substances in accordance with Administrative Policy FNF (Regulation). I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the BISD, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of illicit drugs, cotinine, and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the urinalysis. I further understand and consent to the vendor selected by BISD, its doctors, employees and/or agents, to release results of tests to the BISD in accordance with Board Policy FNF (LOCAL). I understand that the consent granted herein is effective for the entire academic school year 2021-2022.

PRINTED NAME Parent/Guardian/Custodian

Daytime phone number

SIGNATURE Parent/Guardian/Custodian

Date

STUDENT SIGNATURE

Date