

**BROADDUS INDEPENDENT SCHOOL DISTRICT  
DRUG TESTING CONSENT FORM  
2021-2022**

Name of Student:

\_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

Parent/Guardian Phone Numbers: Cell \_\_\_\_\_

Home: \_\_\_\_\_

Student Consent:

I understand that by electing to participate in school-sponsored extracurricular activities I hereby agree to accept and abide by the standards, rules, and regulations of the Drug Testing Policy adopted by the Broaddus ISD Board of Trustees.

I have received, read, and understand the policy concerning student drug and alcohol testing that Broaddus ISD will enforce out of concern for my safety and health.

Signature of Student: \_\_\_\_\_

Date \_\_\_\_\_

Parent Consent:

I have received, read, and understand the policy concerning student drug and alcohol testing that Broaddus ISD will enforce out of concern for the safety and health of my child. I authorize Broaddus ISD to have a certified individual perform a urine test for drugs and alcohol as outlined in the drug testing policy. I authorize the drug testing entity to release the information regarding the test results to Broaddus ISD. I authorize Broaddus ISD to release my child's name, social security number, and biological specimens to the Vendor chosen by Broaddus ISD to perform the drug testing. I authorize the officers, employees of the Vendor and Broaddus ISD to communicate for official purposes, the results of my child's drug test.

Signature of Parent: \_\_\_\_\_

Date \_\_\_\_\_