



Coahoma Independent School District

Amy Jacobs
Superintendent

Brad Cox
Assistant Superintendent

STUDENT DRUG TESTING AUTHORIZATION

Date: _____

Student Name: _____

Parent/Guardian Name: _____

I acknowledge that I have receive a copy of the Coahoma Independent School District student drug testing policy for athletics, band, cheerleading, UIL programs FNF(Local), Technology Education contests, FFA contests, FCCLA contests, Spanish Club contests, National Honor Society, FBLA activities, TAFE activities. I recognize and understand that I could be asked to provide a hair sample, a urine sample, or a breath sample for drug and alcohol analysis. I consent to any such testing conducted as part of this policy.

Listed below are prescription drugs and dosages my son/daughter takes on a regular/permanent basis:

Prescription Name (or Generic Name)

Dosage

Prescription Name (or Generic Name)

Dosage

Prescription Name (or Generic Name)

Dosage

_____ My son/daughter does not take any prescription medication on a regular/permanent basis.

My child participates in the following extra-curricular activities (circle all that apply): Athletics, Band, Choir, Cheerleading, FFA, FCCLA, NHS, Academic UIL, One-Act Play

Print Student Name

Student Signature

Parent/Guardian Signature

Date

NOTE: This authorization will be valid throughout the student's enrollment at Coahoma ISD unless authorization is withdrawn by submitting the request in writing to the superintendent.