

GROESBECK INDEPENDENT SCHOOL DISTRICT DRUG/ALCOHOL TESTING CONSENT FORM

Student's Full Name: _____
(Last) (First) (Middle)

Social Security Number: _____ Student ID Number _____

STUDENT ACKNOWLEDGMENT

I understand after having received and read the Groesbeck ISD Policy Guidelines concerning student drug and alcohol testing that Groesbeck ISD will enforce this policy out of concern for my safety and health. I realize that the personal decision that I make daily in regard to the use of illegal drugs and /or alcohol may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated:

Signature of Student: _____ Date _____

PARENT ACKNOWLEDGMENT

I have received and understand Groesbeck ISD Policy Guidelines concerning student drug and alcohol testing. I understand that it is the practice of the district to conduct drug and or alcohol tests for the purpose of carrying out this policy. I desire that my child named above participate in and be subject to the terms of the drug/alcohol testing program. I understand I may withdraw this request for participation at any time in writing to the campus principal. I further understand and accept that if I withdraw my consent after my child has been selected for drug/alcohol testing or if my child refuses to take the drug/alcohol test and my child later decides to participate in extra-curricular and co-curricular activities offered by Groesbeck ISD, my child will be deemed to have failed a drug test on the date I notify Groesbeck ISD of my child's desire to not participate. I accept the method of obtaining specimens and the testing of such samples.

I authorize the employees of Groesbeck ISD to release my child's name, social security number, student ID number, and biological specimens to Compliance Consortium. I authorize the officers, employees, and agents of the Compliance Consortium to communicate orally and in writing with the designated school administrators the results of the testing.

I further authorize the drug/alcohol testing company to have further analysis of my child's specimens and require the results to be communicated to me prior to any district administrative proceedings or disciplinary actions.

Print Parent Name: _____

Signature of parent: _____ Date _____

Print Witness Name: _____

Signature of Witness: _____ Date _____