

**Tomball Independent School District
Student and Parent/Guardian Consent to Random Drug Testing**

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| Name of Student | Student ID Number |
| Name of Parent/Guardian | Grade Level |
| Please list any/all extracurricular activities you intend to participate in: | Telephone Number |
| Applying for a Parking Permit? Please circle YES NO - if yes, please complete following items below | |
| Auto Insurance Company | |
| Auto Insurance Policy Number | Student's Drivers License Number |

Participation

Participation in extracurricular activities and/or parking on campus in Tomball Independent School District is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs, performance-enhancing drugs, and/or alcohol. Each student who participates in extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing procedures and a *Student and Parent/Guardian Consent to Random Drug Testing* form, which shall be read, signed and dated by the student and/or person otherwise in lawful control of the student. No student shall be allowed to practice or participate in any extracurricular activities and/or parking permit privileges until the *Student and Parent/Guardian Consent to Random Drug Testing* form is properly signed and returned.

Student Authorization

I understand after having read the information regarding the District's random drug testing, that out of care for my health and safety and that of the other students, the District will enforce the rules of applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. If I choose to violate the random drug testing policy any time while I am involved in any activity, including in-season or off-season activities, and/or parking permit privileges, I understand upon determination of that violation, I will be subject to restrictions as outlined in the random drug testing policy.

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|------------------------|-------------|
| Name of Student | Date |
|------------------------|-------------|

Parent/Guardian Authorization

I have read and understand the District's random drug testing policy. As the parent and/or person otherwise in lawful control of the above named student, I desire that he/she participate in the extracurricular activities and/or parking permit privileges of the District, and as a condition of this voluntary participation agree to be subject to the terms of the random drug testing procedures. I accept the method of obtaining urine samples, testing and analysis of such specimens and all other aspects of the program. I further agree and consent to the disclosure of the sampling testing, results and restrictions as provided in this program.

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| Name of Parent/Guardian | Date |
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