

# Random Student Drug Testing Permission Form

Required for: Parking Permit & Extra-curricular Activity Participation

\_\_\_\_\_  
Student's Legal Name (Please Print)

\_\_\_\_\_ Grade  
Campus

**AS A STUDENT:**

I understand and agree that participation in co/extracurricular activities and the ability to purchase a parking permit are voluntary and a privilege. I understand that as part of my voluntary participation co/extracurricular activities and parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing program. I understand that if I decline to consent to participation in the Random Student Drug Testing program that I will be unable to participate in co/extracurricular activities or purchase a parking permit in the Princeton Independent School District for the entire academic school year.

**AS A PARENT/ GUARDIAN / CUSTODIAN:**

I have read the PISD Drug Testing policy and understand that my child's participation in co/extracurricular activities and/or his/her ability to purchase a parking permit is voluntary and a privilege. I understand that as part of my child's voluntary participation in co/extracurricular activities and/or the purchase of a parking permit, I am consenting to his/her participation in the school district's Random Student Drug Testing program for the entire academic school year. 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 co/extracurricular activities or purchase a campus parking permit in the Princeton Independent School District.

**CONSENT: (please check one)**

<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
<p>As evidenced by my signature below, <b>I hereby consent</b> to allow the student named above to undergo random drug testing in accordance with applicable Board policy. 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 Princeton Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs 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 Princeton Independent School District, its doctors, employees, and/or agents, to release results of tests to the Princeton Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for the current school year.</p>	<p>As evidenced by my signature below, <b>I decline</b> to consent to my child's participation in the Random Student Drug Testing program. I understand that my child will be unable to participate in competitive extracurricular activities or purchase a campus parking permit in the Princeton Independent School District.</p>
<p>_____ PARENT/GUARDIAN SIGNATURE</p>	<p>_____ DATE</p>
<p>_____ PRINT NAME OF PARENT/GUARDIAN</p>	
<p>_____ STUDENT SIGNATURE</p>	<p>_____ DATE</p>
<p>_____ PRINT NAME OF STUDENT</p>	

**THIS AUTHORIZATION WILL BE VALID DURING THE CURRENT SCHOOL YEAR.**