

PECOS-BARSTOW-TOYAH INDEPENDENT SCHOOL DISTRICT  
DRUG-TEST CONSENT FORM

Each student in grades 7-12 participating in the drug-testing program as a volunteer or as a participant in an extracurricular activity and/or allowed to drive a vehicle on campus will be provided with a copy of the drug use testing procedures and the drug-test consent form, which will be read, signed, and dated by the student and parent or custodial guardian. Before the student is eligible to practice or participate in any extracurricular activity and/or allowed to drive on campus, this form must be on file. Student and parent consent will be required to provide a urine sample to be tested for illegal drugs, as chosen by the random selection basis. To remove a student from the voluntary program, written notification must be received from the parent or custodial guardian.

I understand after having read the drug use testing procedures and the drug-test consent form that, out of concern for my safety and health, the District enforces the rules applying to the use of illegal drugs. I realize that the personal decisions that I make daily in regard to the use of illegal drugs 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. If I choose to violate school policy regarding the use of illegal drugs, I understand that I will be subject to the restrictions of my participation as outlined in the policy.

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Student's Full Name (Last, First, Middle) \_\_\_\_\_

Student's ID Number \_\_\_\_\_

We have read and understand the District's drug use testing procedures and the drug-test consent form.

We desire that \_\_\_\_\_ participate in the drug-testing program offered by the District, and we hereby agree for him or her to be subject to its terms. We accept the method of obtaining urine samples, testing, and analysis of such specimens, and all other aspects of the program. We further agree and consent to the reporting of the results as provided in the program.

\_\_\_\_\_ is taking the following prescription medications on a continuing basis:

\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Parent or Custodial Guardian \_\_\_\_\_

Date \_\_\_\_\_