

KILLEEN INDEPENDENT SCHOOL DISTRICT

STUDENT RANDOM DRUG TESTING CONSENT FORM FOR EXTRACURRICULAR
ACTIVITIES OTHER THAN ATHLETICS

School Year 2018/2019

The Student Random Drug Testing Policy is available via the internet. It may be found at the KISD web site (killeenisd.org). Click on Students and Parents; Student Random Drug Testing Policy. If you do not have internet access, or if you wish to have a hard copy of the Student Random Drug Testing policy, you can request a copy directly from your student's Campus Drug Testing Coordinator.

TO BE COMPLETED BY THE STUDENT

I understand the KISD policy concerning student random drug testing for the school year 2018/2019. I consent to being included in the group from which students may be randomly selected for drug testing.

Student Name (PRINT) _____ ID# _____

Signature of Student _____ Date _____

TO BE COMPLETED BY THE PARENT/GUARDIAN

I am the parent or guardian of the above named student and understand the KISD policy concerning student random drug testing for the school year 2018/2019. I give consent for my son/daughter to be included in the KISD student random drug testing.

Signature of parent/guardian consenting to random drug testing:

_____ Date _____

Listed below are prescription drugs and dosages taken by my student on a regular basis:

Drug Name: _____ Dosage: _____

Drug Name: _____ Dosage: _____

Students in extracurricular activities: Return your signed form to your Campus Drug Testing Coordinator or your activity sponsor. All forms must be turned in before you start your extracurricular activity.

MIDDLE SCHOOL STUDENTS: Students in extracurricular activities: Return signed form to your Campus Drug Testing Coordinator or your activity sponsor. All forms must be turned in before your start your extracurricular activity.

Choir