

**MIDLOTHIAN INDEPENDENT SCHOOL DISTRICT
INFORMED CONSENT FOR DRUG TESTING FOR STUDENTS
PARTICIPATING IN COMPETITIVE EXTRACURRICULAR ACTIVITIES
GRADES 9-12**

Student Name: _____ School Year: _____

Parent/Legal Guardian Name(s): _____

Campus: _____ Grade Level: _____

Extracurricular Activity(ies): _____

We understand and agree that participation in competitive extracurricular activities is a privilege. We understand that participation in extracurricular activities is conditioned upon student and parent consent to random drug testing of the student. If the student is not a minor, parental consent is not required. If at any time the student refuses drug testing, the student will not participate in any competitive extracurricular activities for the remainder of the school year and will not be eligible for any extracurricular activity awards or honors for that school year. We understand that our informed consent for drug testing will be effective for all competitive extracurricular activities in which the student might participate while enrolled at the Midlothian Independent School District.

We hereby consent to allow the student named on this form to undergo drug testing for the presence of illegal drugs or banned substances in accordance with District Board Policy FNF(LOCAL). We understand that any samples will be sent to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality. We hereby give consent to the medical drug testing company selected by the Midlothian Independent School District to perform testing for the detection of illegal drugs or banned substances.

We further give permission to the drug testing company selected by the District to release the results of these tests to doctors, employees, agents or representatives involved in the drug testing process and then forward these results to administrative personnel at the District and the parent(s) and student. We hereby release the Midlothian Independent School District, its school board, trustees, former trustees, superintendent, former superintendent, administrators, legal representatives, attorneys, agents, employees, and former employees from any claims, damages legal responsibility or liability of any kind for the release of information and records related to the drug testing, or in any way connected to it.

Date: _____

Parent Signature(s): _____ and _____

Student Signature: _____

**** This form is for High School grades 9-12 only***