

Grade \_\_\_\_\_

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Student ID# \_\_\_\_\_

**Princeton Independent School District  
Drug Screening Test  
Parent/Student Consent**

I, \_\_\_\_\_ am Parent/Guardian of  
**(Print name of Parent/Guardian)**

\_\_\_\_\_ a minor Student  
enrolled in the **(Print name of student)** Princeton Independent School  
District (PISD).

I represent that I have the authority to consent to drug and/or alcohol testing of my child. I understand Princeton Independent School District's policy regarding drug/alcohol use and participation in PISD sponsored extracurricular activities. I understand that it is the practice of PISD to conduct mandatory drug tests for the purpose of determining eligibility for participating in extracurricular activities. I understand that PISD also offers participation in the drug testing program on a volunteer basis for other students in the district at his/her parents' request.

I understand that my child cannot be compelled to give a urine sample. I understand that if he/she gives a urine sample it will be tested for drugs and/or alcohol. I understand that the giving of a urine sample, when requested by PISD, is a condition of my child's continued participation in competitive extracurricular activities. **I understand that my child's refusal to test will result in a positive test.** I understand that if a test of my child's urine sample reveals an unexplained presence of a drug and/or alcohol, PISD may take action against him/her up to and including termination from participating in extracurricular activities, as specified in the policy. An exception will be made for the use of legally prescribed medications taken under the direct supervision of a physician. I understand that I will be contacted by the district administrator to confirm any legally prescribed medications that result in a positive test. Based on my understanding of the above, I hereby authorize **FORWARD EDGE, INC.** and other trained personnel to collect urine samples from my child for the purpose of testing for the presence of drugs and/or alcohol.

I further authorize the officers, employees, and agents of **FORWARD EDGE, INC.** and PISD to communicate my child's drug/alcohol test results both orally and in writing to each other and the child's parent/guardian to communicate positive test results at any PISD administrative or legal proceeding. I also authorize the officers, employees, and agents of **FORWARD EDGE, INC.** and PISD to have continued access to my child's urine sample/test results for the purpose of any further analysis or study that may be necessary and require the results be communicated to me prior to any PISD administrative proceedings or disciplinary actions. I understand that no physician/patient relationship is established by the collection of this urine sample by **FORWARD EDGE, INC.**, and that no privilege of confidentiality will attach to these test results.

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\_\_\_\_\_ **YES**

**I understand that PISD’s Drug Testing Program is a requirement for my child’s participation in extra curricular, co-curricular, and UIL activities. My signature below confirms that I have read and understand Princeton Independent School District’s policy regarding drug/alcohol use and participation in PISD sponsored extracurricular activities.**

**OR**

**My child does not participate in extra-curricular, co-curricular, or UIL activities. I agree to allow my child to participate in PISD’s Drug Testing Program as a student enrolled voluntarily.**

\_\_\_\_\_ **NO:**

**I do not wish for my child to participate in PISD’s Drug Testing Program. I understand that my child will be ineligible to participate in any extra-curricular, co-curricular, or UIL activities.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME OF STUDENT

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