



College Station ISD Random Student Drug Testing Consent Form

Student Name: _____

Campus: AMCHS CVHS CSHS

Date of Birth: _____

Student ID: _____

- I affirm that my student has participated in orientation to the random student drug testing program by viewing the orientation video.
- I understand that College Station Independent School District (CSISD) will enforce school board policy FNF(LOCAL) concerning random student drug and alcohol testing out of concern for students' health and safety and that I can obtain more information at www.csisd.org.
- I understand that it is the policy of the district to conduct random drug and/or alcohol tests for students in grades 9-12 who choose to participate in extracurricular activities and/or request a permit to park a vehicle on school property to carry out this policy.
- I understand that I may withdraw this consent for participation at any time in writing to the campus principal. However, if I withdraw consent, my student will not be allowed to participate extracurricular activities and/or be issued a permit to park a vehicle on school property.
- I understand that my child cannot be required to give a urine sample and that refusal or tampering with a test shall be deemed a positive result.
- I accept the method of obtaining samples, testing of such samples, and all other aspects of the program. I understand that if they provide a urine sample, it will be tested for drugs and/or alcohol.
- I understand that if a test of my child's specimen reveals an unexplained presence of a drug and/or alcohol, consequences will be imposed as specified in CSISD Policy FNF(LOCAL).
- I authorize the officers, employees and agents of Forward Edge, Inc. and the district to communicate among themselves for official purposes, my student's drug and/or alcohol test results both orally and in writing, and to communicate such results at any district administrative proceeding. I also authorize the officers, employees and agents of Forward Edge, Inc. and the district to have continued access to my student's urine sample for the purpose of any further analysis or study that may be necessary, and require the results be communicated to me prior to any district administrative proceedings or consequences.

Parent/Guardian Signature

Date

Student Signature

Date

Printed Name of Parent/Guardian

Printed Name of Student