

ANAHUAC INDEPENDENT SCHOOL DISTRICT

DRUG TESTING CONSENT FORM

Student's Last Name

Middle Name

First Name

I understand and acknowledge after having read the "Athletics Drug Use Testing Policy" and this "Athletics Drug Testing Consent Form" that participation in athletic activities is a privilege, not a right, and that the District can condition my participation in athletic activities by requiring that I consent to reasonable suspicion drug testing. If I test positive for illegal drug use, I understand that my participation in athletic activities will be restricted as outlined in the District's Athletics Drug Use Testing Policy. I acknowledge that I have reviewed the policy and that by signing the form, I agree to provide a urine sample, at any time upon request, to be tested for illegal drugs as set forth in the District's policy.

Signature of Student _____

Date _____

We have read and understand the District's "Athletics Drug Use Testing Policy" and this "Athletics Drug Testing Consent Form." We understand and acknowledge that participation in athletic activities is a privilege, not a right and that the District can condition participation in athletic activities by requiring consent to random urinalysis drug testing. We desire that _____ participate in athletic activities offered by the District, and we hereby agree for him/her to be subject to the policy's 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 by the policy.

Signature of Parent or Custodial Guardian _____

Date _____