

Katy Independent School District
Student and Parent/Guardian Consent to Random Drug Testing
2011-2012

Student Legal Name:		Last	First	Middle
Campus	Grade	Student ID#		Social Security Number
Name of Parent/Guardian				Telephone Number

Statement of Purpose and Intent

Participation in competitive afterschool extracurricular activities and/or parking on campus in Katy Independent School District (herein after referred to as the "District") is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs, performance-enhancing drugs, and/or alcohol.

Participation

Each student who desires to participate in competitive afterschool extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing policy and a *Student and Parent/Guardian Consent to Random Drug Testing* form, which shall be read, signed and dated by the student, parent and/or person otherwise in lawful control of the student. The consent requires the student to provide a urine sample to be tested for illegal drugs, performance-enhancing drugs, and/or alcohol when chosen through the random selection process. No student shall be allowed to practice or participate in any competitive afterschool extracurricular activities and/or parking permit privileges until the *Student and Parent/Guardian Consent to Random Drug Testing* form is properly signed and returned.

Student Authorization

I, the above-named student, understand after having read the information regarding the District's random drug testing, that out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. As a member of one of the groups designated for inclusion in random drug testing, I realize that the personal decision that I make daily in regard to the consumption/use of illegal drugs, performance-enhancing drugs, and/or alcohol may affect my health and well being as well as the possible endangerment of those around me and reflect upon the group with which I am associated. If I choose to violate the random drug testing policy regarding the use of illegal drugs, performance-enhancing drugs, and/or alcohol any time while I am involved in any activity, including in-season or off-season activities, and/or parking permit privileges, I understand upon determination of that violation, I will be subject to restrictions as outlined in the random drug testing policy.

Signature of Student	Date
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Parent/Guardian Authorization

As the parent(s)/guardian(s) of the above-named student, I/we have read and understand the District's random drug testing policy. I/We desire that he/she participate in the competitive afterschool extracurricular activities and/or parking permit privileges of the District, and I/we hereby voluntarily agree to be subject to the terms of the random drug testing policy. I/We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I/We further agree and consent to the disclosure of the sampling, testing, results, and restrictions as provided in this program.

Signature of Parent/Guardian	Date
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