

ROSWELL INDEPENDENT SCHOOL DISTRICT

STUDENT EXTRA-CURRICULAR ACTIVITIES DRUG/ALCOHOL TESTING CONSENT FORM

School: _____ **Sport:** _____ **M/F:** _____

According to District policy, each student participating in any program of extra-curricular activities shall be provided with a copy of the "Student Extra-Curricular Activities Drug/Alcohol Testing Policy" and the "Student Extra-Curricular Activities Drug/Alcohol Testing Consent Form" which shall be read, signed, and dated by the student and parent or legal guardian before the student shall be eligible to practice or participate in any program of school-sponsored extra-curricular activities. By signing the consent form, the student and parent/guardian consent to the student's providing a sample of urine, saliva, or blood, under the conditions stated in the policy --- by random selection, on the basis of reasonable suspicion, or on the basis of parent/student report --- to be tested for illegal drugs/alcohol. No student shall be allowed to practice or participate in any extra-curricular activities program until the student has returned the properly signed Drug/Alcohol Testing Consent Form.

Student's Last Name	First Name	Middle Name	Student ID #
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I have read the "Student Extra-Curricular Activities Drug/Alcohol Use Testing Policy" and the "Student Extra-Curricular Activities Drug/Alcohol Testing Consent Form" and any questions I have about the Policy or the Consent Form have been answered. I understand the Policy and the Consent Form. I further understand that if I violate the Policy regarding the use of illegal drugs/alcohol, I will be subject to the consequences provided in the Policy.

Signature of Student	Date
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We have read and understand the Roswell Independent School District "Student Extra-Curricular Activities Drug/Alcohol Testing Policy" and the "Student Extra-Curricular Activities Drug/Alcohol Testing Consent Form". We desire that _____ (the Student) participate in extra-curricular activities programs offered by the Roswell Independent School District, and we hereby agree that the Student shall be subject to the terms of the Policy and Consent Form. We understand and agree to the requirements and procedures specified by the Policy, and to all other aspects of the program. We further agree and consent to the reporting of the results of testing as provided in this Policy.

Signature of Parents or Legal Guardian	Date
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Signature of Coach/Athletic Director/Activities Director/Sponsor	Date
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