

**CONFIDENTIAL INFORMATION**

Student Name: Athletics (specify) \_\_\_\_\_  
Student ID#: Parking \_\_\_\_\_  
Grade: Gender: Other \_\_\_\_\_

**2020-2021**

**WYLIE ISD**

**STUDENT RANDOM DRUG TESTING CONSENT FORM**

**FOR STUDENTS PARTICIPATING OR INTENDING TO PARTICIPATE DURING 2016-2017 IN EFFECTED EXTRACURRICULAR ACTIVITIES, INCLUDING PROM, OR DRIVING AND PARKING ON DISTRICT PROPERTY**

Student Name (Print Clearly):

Grade: Campus:

As a parent or guardian of a student enrolled in Wylie ISD, I have read and understood Wylie ISD's FNF(LOCAL) school board policy, found at [www.wylieisd.net](http://www.wylieisd.net) >Community>Board Policies Online, regarding random student drug testing.

Because my child participates in effected extracurricular activities, including prom, and/or receives a parking permit allowing him/her to park his/her vehicle on District property during the school day, I understand that my child is subject to random drug testing and might be required to provide a urine sample for drug analysis. I consent to such testing as part of the District's drug testing policy.

I also understand that while my child cannot be compelled to produce a specimen, providing a specimen when requested by the District is a condition of my child's continuing to participate in effected extracurricular activities, including prom, and/or continuing the privilege of driving/parking on District property.

I understand that if a test of my child's specimen reveals an unexplained presence of a drug, the District may withdraw driving/parking privileges and the privilege of participating in effected extracurricular activities, including prom. I understand that refusal to submit to a test will have the same consequence as if my child had tested positive.

I authorize the school administrators, coaches, and extracurricular sponsors of the District to communicate and share information with each other regarding my child's drug test results both orally and in writing. The District may also communicate such results at any administrative proceeding regarding my child's drug test. I understand Wylie ISD follows all HIPAA and FERPA guidelines.

Parent/Guardian Name (Please Print Name Clearly):

Parent/Guardian Signature: Date:

Student Signature: Date: