

**Drug Testing Consent Forms**

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING  
HIGH SCHOOL COMPETITIVE ACTIVITY PARTICIPANT**

School (Please Print) \_\_\_\_\_

Student Competitor's Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

We have read and understand the Eminence Independent School Board Policy 09.423 dealing with *Use of Alcohol, Drug and other Controlled Substances*. I desire that \_\_\_\_\_ should be designated as a participant in the following competitive activity or activities:  
\_\_\_\_\_

and I hereby voluntarily agree, individually and on behalf of \_\_\_\_\_, that my student is subject to the terms of Board policy 09.423 for as long as s/he participates in a covered activity. On behalf of \_\_\_\_\_ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Eminence Independent Board Policy 09.423.

Student Competitor's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Review/Revised:7/19/11

**Drug Testing Consent Forms**

**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING  
DRIVER**

School (Please Print) \_\_\_\_\_

Student Driver Name (Please Print) \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

We have read and understand the Eminence Independent School Board Policy 09.423 dealing with *Use of Alcohol, Drugs and Other Controlled Substances*. I desire that \_\_\_\_\_ should be permitted to drive to school and use school parking facilities and I hereby voluntarily agree, individually and on behalf of \_\_\_\_\_, that my student is subject to the terms of Board policy 09.423 for as long as s/he exercises driving privileges. On behalf of \_\_\_\_\_ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Eminence Independent Board Policy 09.423.

Student Driver Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_