



**Student Consent and Parent Authorization for
Participation in District Drug/Alcohol Screening Program**

Student's Name: _____ Grade: _____
Last, First Middle

Campus: Middle School North Middle School South High School

I, _____ DO* give permission to Barbers Hill ISD
(parent/guardian)

for my student to participate in the District Drug/Alcohol Screening Program.

***For Student**

I hereby acknowledge that I have read or will read a copy of District Policy FNF (LOCAL) ([http://pol.tasb.org/Policy/Download/281?filename=FNF\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/281?filename=FNF(LOCAL).pdf)) as related to the STUDENT DRUG TESTING PROGRAM. I further acknowledge that I understand the provisions of the policy, and I hereby consent to any such testing as may be authorized by the District in accordance with said policy. I further understand that, because the tests are to be conducted on a random basis, I may be selected for testing more than once each year, and that refusal to submit to such tests may be grounds for discipline as specified in the policy.

*Student's Signature: _____ Date: _____

***For Parent or Guardian**

I hereby acknowledge that I have received and read a copy of District Policy FNF (LOCAL) ([http://pol.tasb.org/Policy/Download/281?filename=FNF\(LOCAL\).pdf](http://pol.tasb.org/Policy/Download/281?filename=FNF(LOCAL).pdf)) as related to the STUDENT DRUG TESTING PROGRAM, and I do hereby consent that my child may participate in any such testing as may be authorized by the District in accordance with said policy. I understand that I may withdraw the authorization for testing at any time upon submission of written notice to the school Principal. I further understand and accept that, upon such withdrawal, my child will become ineligible to participate in any of the activities as may be specified in the policy (*including dances and parking permits*) until such time as authorization to test is restored.

Further, I hereby release and hold harmless the Barbers Hill Independent School District and Forward Edge, and their trustees, officers, employees, agents, and representatives from any and all liability, claims, damages and costs that may arise as a result of any action as may be taken relative to a positive drug/alcohol test.

*Parent/Guardian Signature: _____ Date: _____

I, _____ DO NOT** give permission to Barbers Hill ISD
(parent/guardian)

for my student to participate in the District Drug/Alcohol Screening Program.

**Parent/Guardian Signature: _____ Date: _____