

2010-2011
NAVASOTA JUNIOR HIGH SCHOOL

STUDENT DRUG TESTING CONSENT FORM FOR MINOR STUDENT

I, _____, as parent or guardian of _____,
a minor student enrolled in Navasota ISD, have read and understand Navasota ISD's policy regarding
random student drug testing.

My child is subject to random drug testing because (*√ all that apply*):

- My child receives a parking permit allowing him/her to park his/her vehicle on school
property during the school day, and/or
- My child participates in school-sponsored extracurricular activities.
- I am voluntarily requesting that my child be involved in this program.

I understand that my child will be asked to provide a urine sample for drug analysis, and I consent to such
testing conducted as part of the District's drug testing policy.

I also understand that while my child cannot be compelled to produce a specimen, the giving of a specimen
when requested by the District is a condition of: (1) my child's continued privilege of parking on school
property during the school day, and/or (2) my child's continued privilege of participation in school-
sponsored extracurricular activities. I understand that if a test of my child's specimen reveals an unexplained
presence of a drug, the District may take action against my child up to and including termination of parking
privileges and/or suspension or removal from the privilege of participating in school-sponsored competitive
extracurricular activities. I understand that refusal or inability to produce a specimen will have the same
consequence as if my child had tested positive.

Student Name: _____ Grade _____

Parent or Guardian Name: _____ Student ID _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

Parent/Guardian Signature

Date

Student Signature

Date