Brazosport Independent School District
Student Consent and Parent Authorization
Participation in District Drug/Alcohol Screening Program

Please Print Student's Name:_____
(last) (first) (middle initial)

Student's ID #: _____ Grade: _____ Campus: _____ Gender: _____

Parking Permit: _____

Please check each activity you are involved in:

	Athletics		One Act Play		Robotics
	Cheer		Speech/Debate		Art Competitions
	Band		Drama		FFA
	Orchestra		Theatre		ROTC
	Choir		UIL Math/Science		Drill Team
	Color Guard		Academic Competitions		Dance
	Journalism		Yearbook		Student Council
	Career and Technology		Other:		

For Student

I hereby acknowledge that I have been notified of the district policy FNF (LOCAL) as related to the STUDENT DRUG TESTING PROGRAM that may be accessed on the district web site. 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 action as specified in the policy.

Student's Signature:_____ Date:_____

For Parent or Guardian

I hereby acknowledge that I have been notified of the district policy FNF (LOCAL) as related to the STUDENT DRUG TESTING PROGRAM that may be accessed on the district web site. 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 until such time as authorization to test is restored. Further, I hereby release and hold harmless the Brazosport Independent School District and the Testing Service, 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:_____

Parent Contact Information

Please provide telephone numbers at which you may be contacted during the day or evening hours:

Home ( ) _____-_____ Work ( ) _____-_____ Cellular ( ) _____-_____