

**Elgin ISD**  
**Random Student Drug Testing**  
**Permission Form**  
 Required for: Parking Permit &  
 Extracurricular Activity Participation

\_\_\_\_\_  
 Campus

\_\_\_\_\_  
 Student's Legal First Name (Please Print)

\_\_\_\_\_  
 Student's Legal Last Name (Please Print)

\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Student ID #

Parent:  
 Please initial all that apply  
 Athlete \_\_\_\_\_ Parking \_\_\_\_\_  
 \*Extra-Curricular \_\_\_\_\_  
 \*Applies to band, cheer, clubs, FFA, UIL  
 activities, etc.  
  
 None of the Above, but Voluntary \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in extracurricular activities and/or the ability to purchase a parking permit are voluntary and a privilege. I understand that as part of my voluntary participation in extracurricular activities and/or parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing program. **Permission for student drug testing shall be effective as long as the student is enrolled at the District campus designated on the permission form and participates in extracurricular activities and/or parks on campus as provided in policy FNF Local.**
- I understand that if I decline to consent to participation in the Random Student Drug Testing program that I will be unable to participate in extracurricular activities or purchase a parking permit in the Elgin Independent School District.

**AS A PARENT/GUARDIAN/CUSTODIAN:**

- I have read policy FNF (LOCAL) and understand that my child's participation in extracurricular activities and/or his/her ability to purchase a parking permit is voluntary and a privilege. I understand that as part of my child's voluntary participation in extracurricular activities and/or the purchase of a parking permit, I am consenting to his/her participation in the school district's Random Student Drug Testing program. **Permission for student drug testing shall be effective as long as the student is enrolled at the District campus designated on the permission form and participates in extracurricular activities and/or parks on campus as provided in policy FNF Local.**
- I understand that if I decline to consent to my child's participation in the Random Student Drug Testing program, my child will be unable to participate in extracurricular activities or purchase a campus parking permit in the Elgin Independent School District.
- As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the Elgin Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the urinalysis. I further understand and consent to the vendor selected by Elgin Independent School District, its doctors, employees, and/or agents, to release results of tests to the Elgin Independent School District in accordance with Board policy.

\_\_\_\_\_  
 PRINTED NAME Parent/Guardian/Custodian

\_\_\_\_\_  
 Daytime Phone Number

\_\_\_\_\_  
 SIGNATURE Parent/Guardian/Custodian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 STUDENT SIGNATURE

\_\_\_\_\_  
 Date

**You must return the completed form to your campus administrator, respective coach,  
 or sponsor.**

\_\_\_\_\_  
 Signature of Coach/Sponsor/Principal

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date