

LANEVILLE INDEPENDENT SCHOOL DISTRICT

Drug Testing Authorization

Student's Name _____ Date _____

Student's Social Security Number _____

Parent/Guardian's Name _____

Parent/Guardian's Phone Number _____

I acknowledge that I have received a copy of the Laneville I.S.D. Random Drug Testing Policy. I recognize and understand that I (student) will be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of the Laneville I.S.D. drug testing policy, which is under the guidance and direction of a certified lab. I will not refuse to take any such test or otherwise dispute the Laneville I.S.D.'s right to ask questions about any such test(s) on me. I have been given the right to ask questions about the drug testing policy and I fully understand its provisions.

Listed below are the prescription drugs and dosages my son/daughter takes on a permanent basis. I understand that, depending on the type of medication and the circumstances, its use may have to be verified and discussed with the doctor who prescribed it. I give permission to the doctor(s) who have prescribed medication for the treatment of my son/daughter's medical condition(s) to verify the circumstances and discuss any effects that the medication(s) may have on my son/daughter's lab test results or school performance.

Drug Name _____ Dosage _____

Drug Name _____ Dosage _____

_____ My son/daughter does not take any prescription medication on a permanent basis.

Student's Signature _____

Parent/Guardian's Signature _____

NOTE: This document will be valid during this student's participation in athletics and extracurricular programs at Laneville I.S.D. Should the above-mentioned conditions change, Laneville I.S.D. should be notified in a timely manner.