

COLUMBIA – BRAZORIA INDEPENDENT SCHOOL DISTRICT

STUDENT AND PARENT/GUARDIAN CONSENT TO RANDOM DRUG TESTING

Student Name (Last, First, Middle) _____

Student's School ID Number _____ Grade Level _____

District Competitive Extra-Curricular Activity Participation Includes:

District Driving Permit _____ Yes _____ No

Name of Parent/Guardian _____

Parent/Guardian Telephone Number _____

Parent/Guardian Cell Phone Number _____

I acknowledge that I have received a copy of the Columbia-Brazoria ISD drug testing policy. I consent to any such testing conducted as part of the random drug testing policy. I understand that refusing to test is treated the same as a positive result. I have been given the right to ask questions about the random drug testing policy and I fully understand the provisions

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____