



Van Alstyne Independent School District

Drug/Alcohol Screening Test Parent/Student Consent to Test

_____ is a minor student enrolled in the Van Alstyne Independent School District
(print name of student)

I, _____ am the parent/guardian of this minor student enrolled in VAISD.
(print name of parent/guardian)

I represent that I have the authority to consent to drug/alcohol testing of my child. I understand Van Alstyne Independent School District's policy regarding illegal substances use and participation in VAISD sponsored extracurricular activities. I understand that it is the practice of VAISD to conduct drug/alcohol tests for the purpose of carrying out this policy prior to student participation or continued participation in extracurricular activities.

I understand that my child cannot be compelled to give a urine sample. I understand that if he/she gives a urine sample it will be tested for drugs and/or alcohol. I understand that the giving of a urine sample, when requested by VAISD, is a condition of my child's continued participation in extracurricular activities. I understand that if a test of my child's urine sample reveals an unexplained presence of a drug or alcohol, the VAISD may take action against him/her up to and including termination from any participation in extracurricular activities, as specified in the policy. An exception will be made for the use of legally prescribed medications taken under the direct supervision of a physician. Based on my understanding of the above, I hereby authorize Accu-Chem Laboratories and other trained personnel, to collect urine samples from my child for the purpose of testing for the presence of drugs and/or alcohol.

I further authorize the officers, employees, and agents of Accu-Chem Laboratories to communicate my child's drug/alcohol test results both orally and in writing to each other, and me, and VAISD administrators and personnel responsible for administering the testing program and extracurricular activities, and to communicate to me prior to any VAISD administrative proceedings or disciplinary actions. I understand that no physician/patient relationship is established by the collection of this urine sample by Accu-Chem Lab, and that no privilege of confidentiality will attach to these test results.

I agree to allow my child to participate in this program as: (check one)

_____ Student involved in extracurricular activities

_____ Voluntarily

Listed below are the prescription and non-prescription drugs and dosages my son/daughter takes on a regular or permanent basis:

Drug Name	Dosage	Drug Name	Dosage

I HAVE READ, UNDERSTOOD, AND AGREED TO THE ATTACHED VAN ALSTYNE DRUG TESTING POLICY. I HEREBY RELEASE AND HOLD HARMLESS VAISD AND ACCU-CHEMLABS, AND THEIR TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, AND MEDICAL STAFF MEMBERS FROM ANY AND ALL LIABILITY. CLAIMS, DAMAGES, AND COSTS THAT MAY ARISE AS A RESULT OF ANY ACTION TAKEN ON AN UNFAVORABLE OUTCOME THAT OCCURS AS A RESULT OF THE DRUG/ALCOHOL TEST.

THIS IS A LEGAL CONSENT AND RELEASE OF LIABILITY FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING.

Printed Name of Parent/Guardian: _____ Signature: _____

Printed Name of Student: _____ Signature: _____

Date: ___/___/___

THIS AUTHORIZATION WILL BE VALID DURING THE STUDENTS ENROLLMENT AT VAISD