

# Random Student Drug Testing Permission Form 2008-2009

Required for Parking Permit &  
Extra-curricular Activity Participation

FOR OFFICE USE ONLY

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1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Campus \_\_\_\_\_

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

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

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

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

**AS A STUDENT:**

- I understand and agree that participation in extracurricular activities and the ability to purchase a parking permit are voluntary and a privilege. I understand that as part of my voluntary participation in competitive extracurricular activities and parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing program. The list of competitive extracurricular activities is attached hereto and can also be accessed on the CFISD website ([www.cfisd.net/departments/safe&drugfreeschools/std.drugtesting](http://www.cfisd.net/departments/safe&drugfreeschools/std.drugtesting)).
- 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 competitive extracurricular activities or purchase a parking permit in the Cypress-Fairbanks Independent School District for the entire academic school year, 2008-2009.

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

- I have read policy FNF (LOCAL) and understand that my child's participation in competitive 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 competitive 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 for the entire academic school year, 2008-2009.
- 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 competitive extracurricular activities or purchase a campus parking permit in the Cypress-Fairbanks 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 Cypress-Fairbanks 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 Cypress-Fairbanks Independent School District, its doctors, employees, and/or agents, to release results of tests to the Cypress-Fairbanks Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for the entire 2008- 2009 school year.

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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date