



Administration & Testing  
For a Drug-Free Environment

713-920-1335  
713-920-1788 FAX

1209 Genoa Red Bluff  
Pasadena, Texas 77504

\_\_\_\_\_ INDEPENDENT SCHOOL DISTRICT  
Drug Use Testing Consent Form

Student's Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Student ID Number: \_\_\_\_\_

Year of Expected Graduation: \_\_\_\_\_

I understand after having received and read \_\_\_\_\_ Independent School District Policy concerning student drug and alcohol testing that \_\_\_\_\_ ISD will enforce this policy out of concern for my safety and health. I realize that the personal decisions that I make daily in regard to the use of illegal drugs and/or alcohol may affect my health and well being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated.

\_\_\_\_\_  
Signature of Student Date

I have received, read and understand \_\_\_\_\_ ISD Policy concerning student drug and alcohol testing. I understand that it is the practice of the district to conduct drug and/or alcohol tests for the purpose of carrying out this policy. I desire that my child named above participate in and be subject to the terms of the drug use testing program. I understand that once enrolled, my child will remain in the program until I withdraw him/her from the program or he/she graduates. I understand that I may withdraw this request for participation at any time in writing to the campus principal. I further understand and accept that if I withdraw my consent after my child has been selected for drug testing or if my child refuses to take the drug test and my child later decides to participate in extracurricular activities offered by \_\_\_\_\_ ISD, a drivers' education course offered by \_\_\_\_\_ ISD and/or drive on \_\_\_\_\_ ISD property, my child will be deemed to have failed a drug test on the date I notify \_\_\_\_\_ ISD of my child's desire to participate. I accept the method of obtaining samples, testing of such samples, and all other aspects of the program.

I authorize the employees of \_\_\_\_\_ ISD to release my child's name, I.D. number, and biological specimens to Forward Edge, Inc. I authorize the officers, employees, and agents of Forward Edge, Inc. and the district to communicate among themselves for official purposes, my child's drug and/or alcohol test results both orally and in writing, and to communicate such test results at any district administrative proceeding. I also authorize the officers, employees, and agents of Forward Edge, Inc. and the district to have continued access to my child's biological specimens for the purpose of any further analysis or study that may be necessary, and require the results be communicated to me prior to any district administrative proceedings or disciplinary actions.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Witness Signature Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Witness