

**FLOUR BLUFF INDEPENDENT SCHOOL DISTRICT  
STUDENT DRUG TESTING CONSENT FORM FOR MINOR STUDENT**

I, \_\_\_\_\_, as parent or guardian of  
*Parent / Guardian Names (Please Print)*

\_\_\_\_\_, a minor student enrolled in Flour  
*Student Name (Please Print)*

Bluff Independent School District and participating in school-sponsored extracurricular activities, have read and understand Flour Bluff ISD's policy and procedures regarding student random drug testing. I understand that my child will be asked to provide a urine sample for drug analysis, and I consent to such testing conducted as part of the District's drug testing policy.

I also understand that while my child cannot be compelled to produce a specimen, the giving of specimen when requested by the District is a condition of my child's continued participation in school-sponsored extracurricular activities. I understand that if a test of my child's specimen reveals the positive presence of a drug, the District may take action against my child up to and including termination of participation in competitive extracurricular activities. I understand that refusal to submit to a test will have the same consequence as if my child had tested positive.

_____ <i>Parent/Guardian Signature</i>	_____ <i>Date</i>
_____ <i>Student Signature</i>	_____ <i>Date</i>
_____ <i>ID Number</i>	_____ <i>Grade Level</i>

\_\_\_\_\_  
Junior High Academic Team  
*Extracurricular Activity(ies) [List All]*

Attended training \_\_\_\_\_ Date \_\_\_\_\_  
Coach/Sponsor Signature