

**KILLEEN INDEPENDENT SCHOOL DISTRICT
STUDENT RANDOM DRUG TESTING CONSENT FORM FOR
EXTRACURRICULAR ACTIVITIES OTHER THAN ATHLETICS**

The Student Random Drug Testing Procedure is available on the KISD web site (killeenisd.org) or can be requested directly from your student's Campus Drug Testing Coordinator.

TO BE COMPLETED BY THE STUDENT

I understand the KISD procedures concerning student random drug testing for school year _____. I consent to being included in the group from which students may be randomly selected for drug testing.

Student Name (PRINT) _____ ID# _____

Signature of Student _____ Date _____

TO BE COMPLETED BY THE PARENT/GUARDIAN

I am the parent or guardian of the above named student and understand the KISD procedures concerning student random drug testing for school year _____. I give consent for my son/daughter to be included in the KISD student random drug testing. I further understand that if my child is 18 years old, my consent is not required.

OPTIONAL (Providing the following information about prescriptions is optional)

Parent: *If my child is taking a prescription medication on a regular basis, I have checked YES, below.*

YES _____ NO _____

18 year old student: *If I am taking a prescription medication on a regular basis, I have checked YES, below.*

YES _____ NO _____

Signature of parent/guardian or 18 year old student consenting to random drug testing:

_____ **Date** _____

Students in other extracurricular activities: Return signed form to your Campus Drug Testing Coordinator at the beginning of the school year or to your activity sponsor if the activity begins practices in the summer before school starts.