



2019-2020 Informed Consent for Random Drug/Alcohol Testing

The random drug/alcohol testing program applies to all students in grades 7-12.

*Students **involved in extracurricular activities are required to participate** in the random drug/alcohol testing program. Failure to have a signed consent form on file will prevent a student from participation in any district-sponsored extracurricular activity.*

*Students who are **not involved in extracurricular activities are eligible** for the random drug/alcohol testing program. Permission for drug/alcohol testing is indicated by a parent signature at the bottom of this form.*

I, _____ (printed name of parent/guardian)
am the parent/guardian of _____ (printed name of student)
a student enrolled in the _____ grade in Brownwood ISD during the 2019-2020 school year.

I understand that participation in an extracurricular activity is a privilege that may be withdrawn for violations of Brownwood ISD Board Policies. I understand that extracurricular activities include, but are not limited to: all UIL activities; school-sponsored student groups/clubs/organizations; student council; all elected/appointed student officers; and non-curriculum-related student groups.

I acknowledge that I have received a copy of the random drug/alcohol testing program for Brownwood ISD. I have read the District's Guidelines and Procedures and understand the provisions of the random drug/alcohol testing program. I hereby consent to the testing provided by the program. I understand that participation in extracurricular activities at Brownwood ISD, as defined under the policy, is conditioned upon my consent and participation in the random drug/alcohol testing program. In consideration of the benefits arising to me/my child from this activity, I hereby grant permission for me/my child to participate in the program. I further agree to and shall indemnify and hold harmless the District, its officers, agents and employees, from lawsuits and liability of every kind, including expenses of litigation, court costs, and attorneys' fees for injury or damage which I or my child or any other person might sustain as a result of my child's participation in the random drug/alcohol testing program.

I acknowledge that I have read and understand this consent and release. I represent that I am the parent or guardian of the student named above, and I hereby agree that we shall both be bound by the terms of the consent and release provisions set forth in the random drug/alcohol testing policy.

Parent/Guardian Signature: _____ Date: _____

I, the student noted above, acknowledge that I have read the foregoing consent and release and that I understand it and agree to be bound by its terms and the terms of the random drug/alcohol testing program.

Student Signature: _____ Date: _____