

# Axtell High School

## AISD Drug/Alcohol Testing Consent Form

I, \_\_\_\_\_ (print name of parent /guardian) am the  
Parent /guardian of \_\_\_\_\_ (print name of student), grade \_\_\_\_\_,  
a minor student enrolled in the Axtell Independent School District.

I represent that I have the authority to consent to drug/alcohol testing of my child. I understand the Axtell Independent School District's policy regarding illegal substance use and participation in AISD sponsored extracurricular activities and / or University Interscholastic League practice and competition. **I understand that it is the practice of AISD to conduct drug/alcohol tests for the purpose of carrying out this policy and before allowing students to participate in or to continue participating in extracurricular activities and UIL practice and competition.** Please place a check mark in the blank provided.

\_\_\_\_ I volunteer my child to participate in the drug/alcohol testing program at the AISD.

I understand that my child cannot be compelled to give a urine sample. I understand that if she/he gives a urine sample it will be tested for drugs and / or alcohol. I understand that the giving of a urine sample, when requested by the AISD, is a condition of my child's continued participation in extracurricular activities. I understand that if a test of my child's urine sample reveals an unexplained presence of a drug or alcohol, the AISD may take action against him/her up to and including termination from participation in extracurricular activities. An exception will be made for the use of legally prescribed medications taken under the direct supervision of a physician. Based on my understanding of the above, I hereby authorize Compliance Consortium Corporation and other trained personnel, to collect urine samples from my child for the purpose of testing for presence of drugs and/or alcohol.

I further authorize the officers, employees and agents of Compliance Consortium Corporation and AISD to communicate my child's drug/alcohol test results both orally and in writing to each other, and me, and to AISD administrators and personnel responsible for administering the testing program and extracurricular activities, and to communicate such test results at any AISD administrative or legal proceeding. I also authorize the officers, employees and agents of Compliance Consortium Corporation and AISD to have continued access to my child's urine sample / test results for the purpose of any further analysis or study that may be necessary, and require the results be communicated to me prior to any AISD administrative proceedings or disciplinary actions. I understand that no physician/patient relationship is established by the collection of this urine sample by Compliance Consortium Corporation, and that no privilege of confidentiality will attach to these results.



# AISSD Drug/Alcohol Testing Consent Form

\_\_\_\_\_  
Print Name (Parent/Guardian)

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Student)

\_\_\_\_\_  
Student Social Security Number

\_\_\_\_\_  
Student Signature

In an effort to eliminate false positives, we need a list of all medications your child is currently using. Please list below all medications, prescription and non-prescription, your child is currently using. Please inform us during the school year if this changes.

_____	_____
_____	_____
_____	_____
_____	_____

