

Henderson ISD  
201902

STUDENT RIGHTS AND RESPONSIBILITIES  
INTERROGATIONS AND SEARCHES

FNF  
(EXHIBIT)

HENDERSON ISD  
RANDOM STUDENT DRUG TESTING PERMISSION FORM

Print Student Legal Name: \_\_\_\_\_  
First Name Middle Name Last Name

Campus: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID #: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_ Parking Permit Number \_\_\_\_\_

AS A STUDENT:

- I understand and agree that participation in extracurricular activities and parking on campus is voluntary and a privilege. I understand that as part of my voluntary participation in extracurricular activities and parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing Program.
- I understand that if I decline to consent to participation in the Random Student drug Testing Program that I will be ineligible for participation in extracurricular activities and parking on campus in the Henderson Independent School District for the entire academic school year.
- I understand and consent to voluntary participation in the school district's Random Student Drug Testing Program

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read policy FNF (LOCAL) and understand that my child's participation in extracurricular activities and parking on campus is voluntary and a privilege. I understand that as part of my child's voluntary participation in extracurricular activities and parking on campus, I am consenting to his/her participation in the school district's Random Student Drug Testing Program for the entire academic school year.
- I understand that if I decline to consent to my child's participation in the Random Student Drug Testing Program, my child will be ineligible for participation in competitive extracurricular activities and parking on campus in the Henderson Independent School District.
- I agree to my child's voluntary participation in the Random Student Drug Testing Program.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo random drug testing for the presence of illicit drugs and/or banned substances in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentially. I understand that the vendor selected by the Henderson Independent School District, its laboratory, doctors, employees, and/or agents will perform urinalysis testing or oral fluids testing for the detection of illicit drugs, and/or banned substances.

I further authorize the vendor selected by Henderson Independent School District, its doctors, employees, and/or agents to release results of tests to the Henderson Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the 2011-2012 school year.

\_\_\_\_\_  
Printed Parent/Guardian/Custodian Name

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Printed Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date