

# QISD RANDOM DRUG TESTING AUTHORIZATION

Student's Name (Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

I acknowledge that I have received a copy of the Quinlan ISD Random Drug Testing Policy. I recognize and understand that if my child participates in extracurricular activities or parks a vehicle on school property he/she must provide a urine sample for drug analysis and could be randomly selected to provide another urine sample during the school year. I consent to any such testing conducted as part of the District's drug testing policy. I have been given the right to ask questions about the drug testing policy, and I fully understand its provisions.

Listed below are the prescription drug(s) and dosage(s) that my son/daughter takes on a permanent basis:

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_

My son/daughter does not take any prescription medication on a regular basis.

## **CONSENT FOR TESTING:**

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)