



Liberty Hill Independent School District

Liberty Hill ISD Mandatory Drug Testing Consent Form

I, _____ (Parent/Guardian Name) am a parent/guardian of _____ (Student Name), a student enrolled in the Liberty Hill ISD at _____ (campus). The district requires drug testing of any student in grades 9-12 who choose to participate in school-sponsored extracurricular activities or requests a permit to park a vehicle on school property. School-sponsored extracurricular activities for which testing is required include UIL athletics, UIL academics, band, cheerleading, choir, theater, dance, FFA, FCCLA, DECA, Student Council, and National Honor Society. My child and I understand that participation in Extracurricular Activities is a privilege, not a right, and compliance with the Liberty Hill ISD drug testing program is a condition to my child's participation in Extracurricular Activities.

We have read and understand the Liberty Hill ISD policy FNF (Local), for testing student biological samples (urine, hair or saliva – hereinafter “samples”) for prohibited substances including without limitation the following: amphetamines, cocaine, marijuana, methadone, opiates, (policy available on the Liberty Hill ISD website). We understand that the Liberty Hill ISD has contracted with a certified provider “Contractor” to collect samples for the purpose of testing for the presence of drugs. We understand that if a test of the child's sample reveals the presence of a prohibited substance, Liberty Hill ISD may take action against him/her up to and including termination of the child's participation in extracurricular activities and parking privileges with a permit.

Having read Liberty Hill ISD's drug testing policy and this consent form, we represent that we have the authority to consent to the drug testing of the child and we hereby authorize the collection of samples from the child for the purpose of testing of prohibited substances.

We further authorize Liberty Hill ISD, and its Contractor, and their officers, employees, and agents to communicate the child's drug testing results both orally and in writing to each other, to us and the child's other parent/guardian, and/or to Liberty Hill ISD administrators and personnel responsible for administering the testing program and extracurricular activities, and to communicate such test results to any Liberty Hill ISD administrative or any other legal proceeding. I understand that the child's drug testing results shall not be maintained in the child's educational file. We also understand that no physician/patient relationship is established by the collection or testing of samples by the designated, licensed medical facility or third-party administrator. We understand that, except as set forth above, all test results shall be confidential and shall be disclosed only to the child, to me and to the child's other parent/guardian, and/or to designated District officials.

This consent, release, and hold harmless agreement shall be effective as long as the child is enrolled at the Liberty Hill ISD school campus designated above, or until written notice of revocation of this consent is given to the Principal of such school.



Liberty Hill Independent School District

This is a legal consent and release of liability form. Please read this form carefully and be sure your questions have been answered before signing.

Parent/Guardian Signature

Date

Printed Name Parent/Guardian

Student Signature

Date

Printed Name Student

Student ID#: _____