

# CUERO INDEPENDENT SCHOOL DISTRICT

## Random Student Drug Testing Consent/Opt-Out Form

PRINT Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Birthdate: \_\_\_\_\_

**Please select ONE option below and sign in that section.**

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### **Option #1 – To Consent**

**As a student ...**

- I have read the Cuero Independent School District's Random Student Drug Testing Policy, and I understand and agree that participation in school-sponsored extracurricular or co-curricular activities is voluntary and a privilege, as is the opportunity to obtain a parking permit, and to have open-campus lunch.
- I understand that as part of my voluntary participation in school-sponsored extracurricular or cocurricular activities, obtaining a parking permit, and having open-campus lunch, I hereby consent to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with Board Policy. I understand and agree that my consent shall be in effect unless and until revoked in writing.
- I understand the collection process will be overseen by a qualified vendor and that confidentiality will be secured. I hereby consent to the vendor selected by the Cuero Independent School District, its laboratory, doctors, employees, and/or agents to perform testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results.

**As a parent/guardian/custodian ...**

- I have read the Cuero Independent School District's Random Student Drug Testing Policy, and I understand and agree that my child's participation in school-sponsored extracurricular or co-curricular activities is voluntary and a privilege, as is the opportunity to obtain a parking permit, and to have open-campus lunch.
- I understand that as part of my child's voluntary participation in school-sponsored extracurricular or cocurricular activities, obtaining a parking permit, and having open-campus lunch, I hereby consent for my child to undergo random drug testing for the presence of alcohol, illicit drugs and/or banned substances in accordance with Board Policy. I understand and agree that my consent shall be in effect unless and until revoked in writing.
- I understand the collection process will be overseen by a qualified vendor and that confidentiality will be secured. I hereby consent to the vendor selected by the Cuero Independent School District, its laboratory, doctors, employees, and/or agents to perform testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results.

\_\_\_\_\_  
PRINTED NAME Student

\_\_\_\_\_  
SIGNATURE Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME Parent/Guardian/Custodian

\_\_\_\_\_  
SIGNATURE Parent/Guardian/Custodian

\_\_\_\_\_  
Date

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### **Option #2 – To Opt Out**

**As a student ...**

- I understand and agree that by opting out or declining to consent to participate in the Random Student Drug Testing Program, I will be unable to partake in school-sponsored extracurricular or cocurricular activities, to obtain a parking permit, or to have open-campus lunch privileges.

**As a parent/guardian/custodian ...**

- I understand and agree that by declining to consent for my child to participate in the Random Student Drug Testing Program, my child will be unable to partake in school-sponsored extracurricular or cocurricular activities, to obtain a parking permit, or to have open-campus lunch privileges.

\_\_\_\_\_  
PRINTED NAME Student

\_\_\_\_\_  
SIGNATURE Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINTED NAME Parent/Guardian/Custodian

\_\_\_\_\_  
SIGNATURE Parent/Guardian/Custodian

\_\_\_\_\_  
Date