

Goose Creek Consolidated Independent School District Student and Parent/Guardian Consent to Random Drug

Student's Name	Grade Level	Gender	Student ID Number
Name of Parent/Guardian	Telephone Number		
Please list any/all extracurricular activities you intent to participate in:			
Applying for a Parking Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please complete the following items below)			
Parking Permit # (Office use only)	Student's Driver's License Number		
Automobile Insurance Company	Automobile Insurance Policy Number		

Participation

Participation in extracurricular activities and/or parking on campus in Goose Creek Consolidated Independent School District is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs, performance-enhancing drugs, and/or alcohol. Each student who participates in extracurricular activities and/or parking permit privileges shall be provided with written information regarding the District's random drug testing procedures and a Student and Parent/Guardian Consent to Random Drug Testing form, which shall be read, signed, and dated by the student and/or person otherwise in lawful control of the student.

No student shall be allowed to practice or participate in any extracurricular activities and/or parking permit privileges until the Student and Parent/Guardian Consent to Random Drug Testing form is properly signed and returned.

Student Authorization

I understand after having read the information regarding the District's random drug testing, that, out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs, performance-enhancing drugs, and/or alcohol. If I choose to violate the random drug testing policy any time while I am involved in any activity, including in-season and off-season activities, and/or parking permit privileges, I understand upon determination of that violation, I will be subject to restrictions as outlined in the random drug testing policy.

Student Signature	Date
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Parent/Guardian Authorization

I have read and understand the District's random drug testing policy. As the parent and/or person otherwise in lawful control of the above-named student, I desire that he/she participate in the extracurricular activities and/or parking permit privileges of the District, as a condition of this voluntary participation agree to be subject to the terms of the random drug testing procedures. I accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. I further agree and consent to the disclosure if the sampling, testing, results, and restrictions as provided in this program.

Parent/Guardian Signature	Date
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