

# WISD 2024-2025 Random Student Drug Testing Permission Form (Grades 7-12)

**\*\*\* YOU MUST COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S CAMPUS \*\*\***

School:	Activity:	Grade: 7 8 9 10 11 12
Student's Name (Print):		Student ID (if known):

We, \_\_\_\_\_ as the parents or guardians of student, \_\_\_\_\_ acknowledge our child participates in extracurricular activities at Waller Independent School District and such is required to participate in the **Mandatory Random Drug Testing Program**. We also acknowledge that our child will be participating in the **Mandatory Random Drug Testing Program** if he/she applies for a parking permit at Waller High School.

We understand and agree that participation in extracurricular activities and having a parking permit is a privilege that may be withdrawn for violations of Waller ISD Policies.

Waller Independent School District will be testing for the following drugs: Amphetamines, Barbiturates, Benzodiazepines, Marijuana, Cocaine, Ethanol, Xanax, Methadone, Opiates, Phencyclidine, Propoxyphene, and Steroids. The District shall reserve the right to test for any and all illegal or controlled substances as determined at the discretion of the District.

We acknowledge that we have received a copy of the Waller ISD Local Policy on the Mandatory Random Drug Testing Program for Waller ISD extracurricular activities and receipt of a parking permit. We understand and agree that we are bound by all the provisions in said program as it now exists and may hereafter, be amended. We have read and understand the drug testing program as set forth in the policy. We hereby consent and agree to the testing of our child as provided in said program. We understand participation in extracurricular activities and receiving a parking permit at Waller ISD is conditioned upon the voluntary consent and participation of the drug testing policy.

We grant permission for the Medical Review Officer to contact the student and parents if a drug test is positive. The purpose of the contact with the Medical Review Officer is to find out if there is a potential reason that the Medical Review Officer should determine the positive test to be negative. We are aware that the vendor/MRO will contact us in reference to a positive test.

In consideration of the benefits afforded our child and us from this activity, we hereby grant permission for our child to participate in this program. We further authorize the officers, employees, and agents of the lab WISD chooses to use to communicate our child's drug/alcohol test results both orally and in writing to the Waller ISD designated administrators. We understand that this information will **not** become part of the child's medical record. We understand no physician/patient relationship is established by the collection of this urine sample by the Certified Laboratory. We further release and discharge Waller ISD, its employees, trustees, and officials from any liability relating to the administration of the drug testing program. Also, we sign this release at our own free will and without coercion.

**THIS IS A LEGAL CONSENT AND RELEASE FORM.**

**PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING.**

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in Waller, Harris County, Texas.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Parent/Guardian Signature

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

I, the student mentioned above, acknowledge that I have read the foregoing consent and release and I understand it and agree to be bound by its terms and the terms of the drug testing program.

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

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Date

In the event that the student is over the age of 18 years, the student is agreeing to be contractually bound by the release as an adult.

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

\_\_\_\_\_  
Date