

Student Name: _____

Troy Independent School District

**Student Drug Testing Program
Parental Notification and Consent Form**

_____ I acknowledge that the student named above participates in extracurricular activity(ies) at Troy ISD and, as such, is required to participate in the student drug testing program.

_____ The student named above does not participate in extracurricular activities at Troy ISD. However, as parent/guardian, I give my consent for the student named above to participate in the District's drug testing program.

I choose to receive the Board Policy FNF and the Administrative Procedures for the Troy ISD Mandatory Drug Testing Program for Students Participating in Extracurricular Activities in an electronic format and accept responsibility for accessing the information. The electronic format may be found at www.troyisd.org. I understand that I may request a hard copy at the campus office. I have read and understand the purposes, requirements, and consequences of the drug testing program as described in those documents.

I acknowledge that the Medical Review Officer will communicate with the student's parent or adult student through the Troy ISD contact person if a drug test is positive. The purpose of this contact with the Medical Review Officer is to determine if there is an acceptable reason for the positive test result, in which case the test result will be considered negative.

I hereby consent and agree to the testing of the student named above as provided in Board Policy FNF and the Administrative Procedures for the Troy ISD Mandatory Drug Testing Program for Students Participating in Extracurricular Activities.

Parent / Guardian Signature: _____

Student Signature: _____

Date: _____