

**CLEBURNE INDEPENDENT SCHOOL DISTRICT  
DRUG/ALCOHOL SCREENING TEST  
STUDENT/PARENT CONSENT**

I, \_\_\_\_\_ as a parent/guardian of \_\_\_\_\_, a minor student enrolled in Cleburne High School and participating in \_\_\_\_\_ represent that I have the authority to consent to drug/alcohol testing of my child.

I understand the Cleburne Independent School District's ("CISD") policy regarding substance abuse and participation in CISD sponsored extracurricular activities. I understand that it is the practice of the CISD to conduct drug/alcohol tests for the purpose of carrying out this policy and before allowing students to participate in extracurricular activities.

I understand that my child cannot be compelled to give a urine sample. **I UNDERSTAND THAT IF HE/SHE GIVES A URINE SAMPLE IT WILL BE TESTED FOR DRUGS AND/OR ALCOHOL.** I understand that the giving of a urine sample, when requested by the CISD is a condition of my child's continued participation in extracurricular activities. I understand that If a test of my child's urine sample reveals an unexplained presence of a drug or alcohol, The CISD may take disciplinary action against him/her up to and including termination from participation in extracurricular activities. An exception will be made for use of legally prescribed medications taken under the direct supervision of a physician. **BASED ON MY UNDERSTANDING OF THE ABOVE, I HEREBY AUTHERIZE '24/7 MOBILE DRUG AND ALCOHOL TESTING' TO COLLECTA URINE SAMPLE FROM MY CHILD FOR THE PURPOSE OF TESTING FOR THE PRESENCE OF DRUGS AND/OR ALCOHOL.**

I further authorize the officers, employees, and agents of '24/7 MOBILE DRUG AND ALCOHOL TESTING'and CISD to communicate my Child's drug/alcohol test results both orally and in writing, and to communicate such test results to the CISD Principal and Athletic Director. I also authorize the officers, employees, and agents of '24/7 MOBILE DRUG AND ALCOHOL TESTING'and CISD to have continued access to my child's urine sample/test results for the purpose of any further analysis or study that may be necessary, and require the results be communicated to me prior to any CISD administrative proceedings or disciplinary actions. I understand that this information will not become part of my child's medical record. I also understand that no physician/Patient relationship is established by the collection of this urine sample by 24/7 MOBILE DRUG AND ALCOHOL TESTING', and that no privilege of confidentiality will be attach to these test results.

**I HEREBY RELEASE AND HOLD HARMLESS 24/7 MOBILE DRUG AND ALCOHOL TESTING', ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, AND MEDICAL STAFF MEMBERSFROM ANY AND ALL LIABILITY, CLAIMS, DAMAGES AND COSTS THAT MAY ARISE AS A RESULT OF ANY ACTION TAKEN OR UNFAVORABLE OUTCOME THAT OCCURS AS A RESULT OF THIS DRUG/ALCOHOL TEST.**

My child has taken the following prescribed and/or over the counter drugs or substances Within the last two weeks:

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

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Full Name (Parent/Guardian)

\_\_\_\_\_  
Witness

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

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

\_\_\_\_\_  
Printed Full Legal Name of Student (Last, First Middle)

\_\_\_\_\_  
Grade for 2006-2007 year