

## Devine Independent School District Student Drug Testing Authorization Form

Student Name:		
Last	First	Middle
Student ID #:		
For Student I acknowledge that I have received Policy-FNF (LOCAL), and I hereby drug testing policy. I further underst random basis, I may be selected for t submit to such tests is treated the san ask questions about the drug testing p	consent to any such testing co and that, because the tests are testing more than once each year he as a positive. I have been given	nducted as part of the to be conducted on a ear, and that refusal to ven the opportunity to
Student's Signature:	Da	ite:
For Parent/Guardian I acknowledge that I have received a FNF (LOCAL), and I hereby consent part of the drug testing policy. I untesting at any time upon submission understand and accept that, upon suparticipate in any competitive extrac campus.	that my child may participate aderstand that I may withdraw of written notice to the school ch withdrawal, my child will	in any such testing as the authorization for ol principal. I further become ineligible to
Parent/Guardian Signature:	Da	ite:
Parent Contact Information: Please provide telephone numbers a evening hours:	at which you may be contact	ed during the day or
Home: (	Work: ()	
Cell: (		