

PARENT  
Authorization

**(Your School) ISD STUDENT DRUG TESTING PARENT  
AUTHORIZATION FORM**

Student's Name: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Student ID Number: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Telephone Number: \_\_\_\_\_

I acknowledge that I have received a copy of the (your school) ISD drug testing policy. I recognize and understand that I could be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of the drug testing policy. I agree that I will not refuse to take any such test(s) on me. I understand that refusing to test is treated the same as a positive. I have been given the right to ask questions about the drug testing policy and I fully understand its provisions.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_