

**Mabank Independent School District  
Drug Testing Permission Form for 2023-2024**

Student's Name (Please Print): \_\_\_\_\_ Sex: **M or F**  
Last First

Campus: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**As a Student:**

I understand and agree that participation in extracurricular activities and/or operating a motor vehicle on campus is voluntary and a privilege. A "school sponsored extracurricular activity" means, without limitation, all interscholastic athletics, cheerleading, drill team, academic clubs, special interest clubs, musical performances, dramatic productions, student government, and any other activity or group that participates in contests, competitions, or community service projects on behalf of or as a representative of the district.

I understand that as part of my voluntary participation in extracurricular activities and/or intent to operate a motor vehicle on campus, I am also consenting to participation in the school district's Student Drug Testing Program.

I understand that if I decline to consent to participation in the Student Drug Testing Program that I will be unable to participate in extracurricular activities and/or operate a motor vehicle on campus in the Mabank Independent School District.

I understand and agree that I am bound by all of the provisions in the drug testing program as it now exists or may hereafter be amended.

**As a Parent/Guardian/Custodian:**

I have read Board Policy FNF (LOCAL) and understand that my child's participation in extracurricular activities and/or operation of a motor vehicle on campus is voluntary and a privilege.

I understand that as a part of my child's voluntary participation in extracurricular activities and/or intent to operate a motor vehicle on campus, I am consenting to his/her participation in the school district's Drug Testing Program.

I understand that if I decline to consent to my child's participation in the Student Drug Testing Program that my child will be unable to participate in extracurricular activities and/or will not be permitted to operate a motor vehicle on campus in the Mabank Independent School District.

I understand that my child is bound by all of the provisions in the drug testing program as it now exists or may hereafter be amended.

I agree to and shall indemnify and hold harmless the Mabank Independent School District, its officers, agents, and employees, from suits, and liability of every kind, including all expenses of litigation, court costs, and attorney's fees, for any injury or damages which I, my child, or any other person might sustain as a result of my child's participation in this drug testing program.

As evidenced by my signature below, I hereby consent to allow the student named above to undergo drug testing for the presence of illicit drugs and/or banned substances in accordance with Board Policy FNF (LOCAL). I understand that the urine or hair collection process will be overseen by a qualified vendor or MISD nurse and those samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent, the vendor selected by the Mabank Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis and/or hair testing for the detection of illicit drugs and/or banned substances.

I further understand and consent to the vendor selected by the Mabank Independent School District, its doctors, employees, and/or agents, to release results of tests to the school district in accordance with Board Policy FNF (LOCAL). I understand that the consent granted herein is effective for all activities in which the above-named student might participate during the 2020-2021 school year.

\_\_\_\_\_  
Printed Parent / Guardian / Custodian Name

\_\_\_\_\_  
Daytime Telephone Number

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Listed below are the prescription drugs and dosages that my child takes on a **regular/permanent basis**:

Check all activities that you will participate in or plan to participate in for the 2023-2024 academic year:

\_\_\_\_\_  
Athletics: (Please list all sports)

\_\_\_\_\_  
Band \_\_\_\_\_ Cheerleading \_\_\_\_\_ Choir \_\_\_\_\_ Drill Team

\_\_\_\_\_  
UIL Academics \_\_\_\_\_ Parking \_\_\_\_\_ Other \_\_\_\_\_

Office Use Only: Date Entered in System: \_\_\_\_\_