

# Red Oak ISD Student Drug Testing Authorization 2021-2022

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Activity/Sport: \_\_\_\_\_

## As a Student:

- I understand and agree that participation in extra-curricular activities is a privilege that may be withdrawn for violations of the Red Oak ISD Drug Testing Policy.
- I have read the Red Oak ISD Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy. [FNF (LOCAL)]
- I understand that when I participate in any extra-curricular activity, I will be subjected to random drug testing, and if I refuse, I will not be allowed to practice or participate in any activities.

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

\_\_\_\_\_  
Date

## As a Parent/Guardian:

- I have read the Red Oak ISD drug testing policy and understand the responsibilities of my son/daughter as a participant in extra-curricular activities at Red Oak High School. [FNF (LOCAL)]
- I understand that my son/daughter/ward, when participating in any extra-curricular activity, will be subjected to random drug testing, and if they refuse; I understand the consequences that they will face if they do not honor their commitment to the Drug Testing Policy.
- I understand this is binding while my son/daughter/ward is a student at Red Oak High School.

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

\_\_\_\_\_  
Date

All information about drug testing is posted on ROISD website: [District Operations / Student Handbook webpage](#) under the "Drug Testing" heading in right panel.

**This form must be completed and returned to the high school principal prior to participation in ANY extra-curricular activity.**