Red Oak ISD Student Drug Testing Authorization
2020 – 2021

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• I understand and agree that participation in extra-curricular activities is a privilege that may be withdrawn for violations of the Red Oak ISD Drug Testing Policy.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 can be found on the Student Handbook and Code of Conduct website under Drug Testing.

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