

Royse City ISD
Drug Testing Consent Form

To: _____ (Name of Coach/Sponsor)

From: _____ (Student's Name- Print)

School: Royse City High School _____ (Student's School)

Activity: Band _____ (Sport or Activity)

By our signatures below, we agree to participate in the Royse City ISD drug testing program for students participating in extracurricular activities. We understand that failure by either of us to sign this form shall result in removal of the privilege of participation in extracurricular activities, including practice and competition. If either of us is unclear about any aspect of the drug testing policy and program, it is our individual responsibility to contact our principal.

(Student's Signature)

(Parent/Guardian Signature)

(Date)

Return to Coach/Sponsor