

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Interscholastic Athletics | <input type="checkbox"/> Drama Productions |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Student Government |
| <input type="checkbox"/> Drill Team | <input type="checkbox"/> Other Activities |
| <input type="checkbox"/> Academic Clubs | the District (List below) |
| <input type="checkbox"/> Special Interest Clubs | _____ |
| <input type="checkbox"/> Musical Performances | _____ |
| | _____ |

LAMPASAS INDEPENDENT SCHOOL DISTRICT

Drug Testing Consent Form and Release

Student's Name (Print) _____ Gender M or F Date of Birth _____

Parent/Guardian's Name (Print) _____ School _____
(LMS or LHS)

I understand and agree that participation in a school-sponsored extracurricular activity is a privilege that may be withdrawn for violations of the Lampasas ISD Board Policies.

I understand that "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, _____, the parent/guardian of student, _____, acknowledge that my student participates in school-sponsored extracurricular activities at LISD and as such is required to participate in the random drug-testing program.

I acknowledge that a copy of the random drug-testing program for the Lampasas ISD [FNF(LOCAL)] can be obtained on the District's website or a hard copy may be requested at the school office. I understand and agree that I am bound by all of the provisions in the program as it now exists or may hereafter be amended. I have read policy FNF (LOCAL) and understand the drug testing program, and I have had a representative from the District answer any questions that I may have regarding the program. If a student leaves school, without permission from the principal or designee, on a day drug testing is administered, it will be treated as a positive test. I hereby consent and agree to the testing provided in the program. I understand that participation in school-sponsored extracurricular activities at LISD is conditioned upon consent and participation in the drug-testing program. If the student or parent/guardian refuses to consent, the student will be denied participation in school-sponsored extracurricular activities for one school year.

In consideration of the benefits arising to my child and me from this activity, I hereby grant permission for my child to participate in this program. I further agree to and will indemnify and hold harmless the 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.

I acknowledge that I have read and understand this consent and release. I represent that I am the parent or guardian of the student named above, and I hereby agree that we will both be bound by the terms of this consent and release and the provisions set forth in the random drug-testing policy FNF (LOCAL).

Parent/Guardian Signature

Date

I, the student noted above, acknowledge that I have read the foregoing consent and release and that I understand it and agree to be bound by its terms and the terms of the drug-testing program.

Student Signature

Date

Listed below are the prescriptions/non-prescription drug(s) and dosages taken by my student:

Drug name: _____

Dosage: _____

Drug name: _____

Dosage: _____

Drug name: _____

Dosage: _____

Drug name: _____

Dosage: _____