

_____ **Mandatory Program**
_____ **Voluntary Program**

CRANDALL INDEPENDENT SCHOOL DISTRICT

Student Drug Testing Authorization

Student Name _____ Date _____

Social Security # _____ Parent/Guardian Name _____

Program Participation: _____ Athletics _____ Cheerleading _____ Drill Team _____ Band
 _____ UIL Literary _____ FFA _____ Student Council
 _____ National Honor Society
 _____ Drive a Motor Vehicle on Campus
 _____ Other: _____

I acknowledge that I have read the Crandall ISD Mandatory and Voluntary student drug testing policy for cheerleading, athletics, band, and drill team FNF (Local). I recognize and understand that the student named above could be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of this policy.

Listed below are the prescription drugs and dosages may son/daughter take on a regular/permanent basis:

Drug Name	Prescribing Physician(s)	Reason for taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

My signature below indicates permission to the doctor(s) who have prescribed the medication(s) for treatment of current medical condition(s) to verify the circumstances and to discuss the effects of the medication(s) on the drug screening results.

_____ My son/daughter does not take any prescription medication on a regular/permanent basis.

Student signature: _____ Date _____

Parent signature: _____ Date _____

NOTE: This authorization will be valid during the student’s attendance at Crandall ISD.

The Crandall Independent School District does not discriminate on the basis of race, color, sex, age, national origin, religion, sexual orientation, or disability in matters affecting employment or in providing access to programs. Inquiries related to the policies of the Crandall ISD should be directed to Dr. Sharon Long.