

**Azle Independent School District  
Drug/Alcohol Test Student/Parent Consent Form**

I, \_\_\_\_\_ (print name of parents/guardian)

As a parent/guardian of \_\_\_\_\_ (print name of student)

A minor student enrolled in grade ( 7 8 9 10 11 12 ) in Azle ISD. ( Please circle one)

My child is participating in the following activities (i.e., football, choir, volleyball, ect.):

\_\_\_\_\_ ( print activities)

I represent that I have the authority to consent to drug/alcohol testing of my child. I understand the Azle Independent School District's ("AISD") policy regarding substance abuse and participation in AISD sponsored extracurricular activities. I understand that it is the practice of AISD to conduct drug/alcohol tests for the purpose of carrying out this policy and before allowing students to participate in or to continue participating in extracurricular activities.

OR, as represented by a check in this box  , I volunteer my child to participate in the voluntary portion of the drug/alcohol testing program of the district.

I understand that my child cannot be compelled to give a urine sample; I understand that if he/she gives a urine sample it will be tested for drugs and/or alcohol. I understand that giving of a urine sample, when requested by the AISD, is a condition of my child's participation in extracurricular activities. I understand that if a test of my child's urine sample reveals an unexplained presence of a drug or alcohol, the AISD may take action against him/her up to and including termination from participation in extracurricular activities. An exception will be made for the use of legally prescribed medications taken under direct supervision of a physician.

**BASED ON MY UNDERSTANDING OF THE ABOVE, I HEREBY AUTHORIZE TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE TO COLLECT URINE SAMPLES FROM MY CHILD FOR THE PURPOSE OF TESTING FOR THE PRESENCE OF DRUGS AND/OR ALCOHOL.**

I further authorize the officers, employees, and agents of Texas Health Harris Methodist Hospital Azle and the AISD to communicate my child's drug/alcohol test both orally and in writing to each other, me, and to AISD administrators and personnel responsible for administering the testing program and extracurricular activities, and to communicate such test results at my AISD administrative or legal proceeding. I also authorize the officers, employees and agents of Texas Health Harris Methodist Hospital Azle and the AISD to have continued access to my child's urine sample/test results for the purpose of any further analysis or study that may be necessary and require the results be communicated to me prior to my AISD administrative proceedings or disciplinary actions. I understand that this information will not become part of my child's medical record. I also understand that no physician/patient relationship is established by the collection of this urine sample by Texas Health Harris Methodist Hospital Azle, and no privilege of confidentiality will attach to these test results.

**I HEREBY RELEASE AND HOLD HARMLESS AISD AND TEXAS HEALTH HARRIS METHODIST HOSPITAL AZLE , AND THEIR TRUSTEES, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES, AND MEDICAL STAFF FROM ANY AND ALL LIABILITY, CLAIMS, DAMAGE, AND COSTS THAT MAY ARISE AS A RESULT OF ANY ACTION TAKEN ON AN UNFAVORABLE OUTCOME THAT OCCURS AS A RESULT OF THIS DRUG/ALCOHOL TEST.**

**THIS IS A LEGAL CONSENT AND RELEASE OF LIABILITY FORM. PLEASE READ IT CAREFULLY AND BE SURE YOUR QUESTIONS HAVE BEEN ANSWERED BEFORE SIGNING.**

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

\* \_\_\_\_\_  
Date

\* \_\_\_\_\_  
**Print Clearly** Name of Parent/Guardian

\* \_\_\_\_\_  
**Student ID #**

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

\* \_\_\_\_\_  
Date

\* \_\_\_\_\_  
**Print Clearly** Name of Student

**\* REQUIRED FIELDS**