

**LISD DRUG TESTING PROGRAM CONSENT SCHOOL - YEAR 2017-2018**

- This form only needs to be completed once and is not required if you have previously requested participation in the voluntary drug testing program.
- Once your child is in the drug testing program, s/he will remain a participant until their graduation.
- To be removed from voluntary drug testing program please notify ADAPT Coordinator Mary Ann Kluga in writing at [maryann.kluga@leanderisd.org](mailto:maryann.kluga@leanderisd.org)

**\*IMPORTANT - PLEASE NOTE: BOTH PARENT AND STUDENT MUST SIGN THIS FORM.\***

Read the entire LISD Voluntary Drug Testing Program Overview and Guidelines online at [www.leanderisd.org](http://www.leanderisd.org), Parents & Students, Alcohol Drug Awareness & Prevention Team - ADAPT

I. \_\_\_\_\_  
**Print Student's Name** \_\_\_\_\_ **Student's School ID Number** \_\_\_\_\_  
 \_\_\_\_\_  
**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

II. **Authorizing Parent/Guardian Signature:** I hereby give my permission for my child to be drug tested and I understand that this consent stays valid until graduation or I notify ADAPT in writing to remove my child from the program.

\_\_\_\_\_ **Print Name (Parent/Guardian)** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_

III. **Program Participation: Check in which program(s) you want your child to be included.**

- Voluntary Random Program** – your child will be included with all other LISD students participating in the program and could be randomly chosen to be tested.
- Family or Student Request Program** – your child can be tested twice during the school year per your request at the next time testing is done at that campus or you may want this form kept on file for possible future testing. \_\_\_\_\_ Initial here to have this form kept on file for future testing.

IV. **Reason for participation:** \_\_\_ Athletics/UIIL involvement \_\_\_ Drug Free Club \_\_\_ Parent Request

V. **Student Signature:** Student, are you 18 years of age or older? \_\_\_ Yes \_\_\_ No (Sign either way.)

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

VI. **Mailing Address** (to send results). **Please include street or PO Box #, City, & Zip Code**

\_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Return this form to your child's campus receptionist or mail, fax, or scan and email it to: Mary Ann Kluga, Alcohol Drug Awareness & Prevention Team (ADAPT) Coordinator, LISD-Admin Building/ADAPT, P.O. Box 218, Leander, TX, 78646. Fax number: 512.570.1808 Email: [maryann.kluga@leanderisd.org](mailto:maryann.kluga@leanderisd.org)**

VII. **For confirmation of receipt of this consent, please PRINT LEGIBLY your email address. THANK YOU!**