

Gladewater ISD

Drug Testing Authorization

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone Number: _____

I understand fully that my performance in extracurricular activities and the reputation of my team and school are dependent, in part, on my conduct as an individual. I recognize and understand that I could be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of the Gladewater ISD drug testing policy, which is under the guidance and direction of T.H.E. Lab, Tyler, Texas. I agree that I will not refuse to take any such test or otherwise dispute the right of Gladewater ISD to conduct any such test(s) on me. I have been given the right to ask questions about the drug testing policy and I fully understand its provisions.

Listed below are the prescription drugs and dosages my son/daughter takes on a permanent basis. I understand that, depending on the type of medication and the circumstances, its use may have to be verified and discussed with the doctor that prescribed it. I give permission to the doctor(s) who have prescribed medication for the treatment of my son/daughter's medical condition. They may also verify the circumstance and discuss any effects that the medication may have on my son/daughter's test results or school performance.

Drug Name/Dosage

Doctor/Phone #

Drug Name/Dosage

Doctor/Phone #

My son/daughter Takes or / does not take any prescription medication on a regular basis.
Please circle

Student Signature

Date

Social Security Number _____ - _____ - _____

Parent Signature

Date

Note: This document will be valid during your student's U.I.L. extracurricular participation.