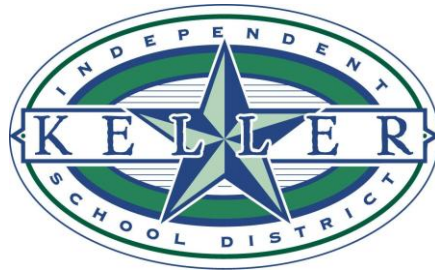


# VOLUNTARY STUDENT DRUG TESTING CONSENT AND RELEASE



Student's Name: \_\_\_\_\_  
Campus: \_\_\_\_\_ Student's ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parents' Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I give permission for my child, identified above, to participate in Keller ISD's voluntary student drug testing program described in Keller ISD's policy FNF(Local). The program is strictly voluntary and free of cost to students and families. The program serves as a deterrent to illegal drug use and assists the District in creating a drug-free educational environment.

I understand that participation in the program may require the disclosure of confidential health information (e.g. prescription and over-the-counter drug use) to the District and third parties, and I consent to the release of that information, and any other confidential information, to the extent necessary for implementation and execution of the program.

In consideration for the privilege and benefits of participating in the voluntary student drug testing program free of charge, I, individually and by next friend of the above named child, hereby **RELEASE, ACQUIT AND FOREVER DISCHARGE** the District, all of its employees, agents, trustees, and volunteers, in all capacities, of and from any and all charges, complaints, grievances, claims, demands, causes of action, damages, loss, or expenses, which may in any manner arise from or relate in any way to the voluntary drug testing program or the implementation of the program.

My signature below guarantees that I have read and understand this agreement and agree to its terms.

Parent's Signature

Student's Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent's Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name (printed)

\_\_\_\_\_  
Date