## **Commerce ISD**

## **Drug Testing Authorization**

Student Name (Please print)		
Please check the box and complete the office.	e section that applies	to your child's situation and return to the campus
☐ I am the parent of a student who	will participate in at	least one extracurricular activity this school year or
-		, , , , , , , , , , , , , , , , , , ,
required to participate in the Randon	n Drug Testing Progra	m for the entire year. I acknowledge that I have erstand the consequences for a positive test result.
☐ I am the parent of a student who	will <b>not participate</b> ir	an extracurricular activity this school year. However,
I would like to request that my child,		, participate in the Random Drug
Testing Program for the entire year. I and understand the consequences fo		ave received a copy of the Commerce ISD Drug Policy
·	·	
· · · · · · · · · · · · · · · · · · ·		n/daughter takes on a permanent basis. I understand
		ces, use may have to be verified and discussed with octor(s) who prescribed medication for the treatment
· · · · · · · · · · · · · · · · · · ·		es and discuss any effects that the medication(s) may
have on my child's drug test results.		
Drug Name		Dosage
Drug Name		Dosage
☐ My child does not take any presc	ription medication on	a permanent basis.
Parent Signature		Date
Student Signature		 Date
·		uces a negative result, but indicates trace amounts of
illegal substances, which are not enough	ugh to register as a po	sitive result.
Extracurricular Activities (as defined	for this program)	
All UIL Academic Competitions	FFA	One-Act Play
All UIL Athletic Competitions	Cheerleading	Spanish Club
Band & Flag Corps	Drill team	This list is not all inclusive. Anyone representing
Anyone with a CHS parking permit	Robotics	CISD in a competitive event will be in the testing pool.