

McLean Independent School District

Student Drug Testing Program Parent/Guardian Consent Form

I have read and understand the contents of the McLean ISD Student Drug-Testing Policy [see **FNF (LOCAL)**] as it pertains to students in grades 6-12 who choose to participate in school-sponsored extracurricular activities. I understand that by signing this document I will abide the terms and conditions of the McLEAN ISD Student Drug-Testing Policy.

Student Printed Name: _____

Student Signature: _____

Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

***Parents: This consent form has been revised. Please sign and return to the school no later than Friday, October 21st. ***