

**GRAPEVINE-COLLEYVILLE INDEPENDENT SCHOOL DISTRICT**  
**Drug Testing Authorization**

Student's Name \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Parent's/Guardian's Phone Number(s) \_\_\_\_\_

Parent's/Guardian's Email \_\_\_\_\_

Parent's/Guardian's/Student's Address: \_\_\_\_\_  
\_\_\_\_\_

We acknowledge that we have received a copy of the Grapevine-Colleyville ISD Drug-Testing Policy (the "Policy"). We recognize and understand that the student may be asked to provide urine samples from time to time for drug analysis. We consent to any such testing. We agree that the student will not refuse to take any such tests or otherwise dispute the right of the Grapevine-Colleyville ISD to conduct any such tests. We have been given the opportunity to review the Policy and to ask questions about the Policy, and we fully understand its provisions.

Listed below are the prescription drugs and dosages the student takes on a regular basis. We understand that school officials may need to discuss and verify the use and dosages of these drugs with the doctor(s) who prescribed them. We give our permission to the doctor(s) who have prescribed these drugs to verify the circumstances for their prescription to school officials and to discuss with them any effects that the drugs may have on the student's drug test results or extracurricular performance. (If the student does not take prescription drugs on a regular basis, insert N/A below.)

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_

Drug Name \_\_\_\_\_ Dosage \_\_\_\_\_  
(continue on separate sheet if necessary)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: This document is valid during the student's extracurricular participation career in the Grapevine-Colleyville Independent School District, unless a revocation in writing is submitted to the campus principal.