



**Santo ISD
STUDENT ACKNOWLEDGEMENT FORM
DRUG TESTING PROGRAM**

All students in grades 7-12 who participate in extra-curricular activities or park a vehicle on school property are required to return this form.

Please sign, date, and return this form, along with a signed parental consent form on or before August 17, 2023, to the respective campus office.

I have received and read a copy of the Santo ISD Deterrent to Illegal Drug and Alcohol Use Policy. I understand that this policy is part of Santo ISD's rules and it applies to all Santo ISD students, grades 7-12, who participate in extra-curricular activities, and/or park a vehicle on school property, for the duration of their enrollment in Santo ISD.

Print Name

4-Digit Student Lunch ID Number

Student Signature

Date

Parent/Guardian Signature

Date

**Random Student Drug Testing results do not affect or become part of a student's academic record.*

Notice:

The use of CBD and Hemp Oil for medicinal purposes may trigger a positive test for the use of cannabis. Testing cannot distinguish between legal and illegal use. Any person subject to random drug testing should not use these products. A student in possession of synthetic urine will automatically be assumed as a positive test. All positive test results will follow written protocols for the district.



Santo ISD

PARENTAL CONSENT FOR DRUG TESTING PROGRAM

(Return on or before August 18, 2022, to the respective campus office)

I, _____ as a parent or guardian of _____, a student enrolled in Santo ISD do hereby agree to the following for the duration of his/her enrollment in Santo ISD.

I understand Santo ISD's policy regarding substance abuse. I understand that it is the practice of Santo ISD to conduct Random Student Drug Testing and reasonable suspicion drug and alcohol tests, unannounced throughout the school year for the purpose of carrying out this policy.

I understand that my child cannot be compelled to give a urine sample.

I understand that if he/she gives a sample, it will be tested for illegal drugs and/or alcohol.

I understand the giving of a urine specimen, when requested by Santo ISD, is a condition of my child being in good standing, and is a condition of my child's continued participation in grades 7-12 extra/curricular activities or parking a vehicle on any Santo ISD campus.

I understand that if my child fails to provide a sample or his/her sample reveals an unexplained presence of an illegal drug and/or alcohol, Santo ISD will implement the steps associated with the random drug testing policy, student handbook, and program guidelines, if applicable. **Random Student Drug Testing will not be a part of a student's academic record.**

List prescription drugs currently being taken as prescribed:

- 1.
- 2.
- 3.
- 4.

Comments:

I grant consent for my child to give a urine sample for the purpose of random drug/alcohol testing for participation in extra-curricular activities or to park on campus.

Parent/Guardian Signature

Date

Printed Name

Student Signature

Date

Notice:

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