

Covington Independent School District
Drug Testing Consent Form

By our signatures below, we agree to participate in the Covington ISD Drug testing program for students participating in extracurricular activities. We understand that failure by either of us to sign the form shall result in the removal of the privilege of participation in extracurricular activities, including practice and competition. If either of us is unclear about any aspect of the drug testing policy and program, it is our individual responsibility to contact the campus principal.

Student's Name

Student's Signature

Parent's/Guardian's Name

Parent's/Guardian's Signature

Date: _____