

FRISCO INDEPENDENT SCHOOL DISTRICT
PARENT AND STUDENT ACKNOWLEDGMENT

Please read, sign, date and return this form, along with the information requested below.

We have received and read a copy of the Frisco Independent School District's Substance Abuse Policy. I understand that this policy is part of the District's rules and that it applies to all high school students participating in athletics. We hereby agree that the student named below will participate in the District's drug testing program.

_____ Print Student's Name	_____ Student's Social Security Number	
_____ Student Signature	_____ Date	_____ Grade
_____ Parent Signature	_____ Date	

******PLEASE NOTE:**

In order to verify the accuracy of test results, the testing company will need a list of any and all prescription or over the counter drugs that this student has been prescribed and is currently taking. **Therefore, please provide this list in a sealed envelope with the student's name on it, and return it along with this form. Failure to provide this information may result in a false positive drug test result.**

_____ Yes, I have attached a list of the prescription and over the counter drugs currently taken by this student.

_____ No, I have not attached a list.

List below any prescription or over the counter drugs that this student has been prescribed and is currently taking.
