



---

## **EMS ISD Mandatory Drug Testing Consent, Release, and Hold Harmless Agreement**

I, \_\_\_\_\_ ( Printed Name of Parent/Guardian) am the Parent/Guardian of \_\_\_\_\_(Printed Name of Student), a student enrolled in the Eagle Mountain-Saginaw ISD at \_\_\_\_\_ (Campus). My child intends to participate in one or more of the following extracurricular activities: school-sponsored athletics, band, cheerleading, dance, gymnastics, swimming, choir, and/or UIL academic activities. My child and I understand that participation in extracurricular activities is a privilege, not a right, and compliance with the EMS ISD drug testing program is a condition to my child's participation in extracurricular activities.

We have read and understand the EMS ISD Administrative Regulation located at [emsisd.com](http://emsisd.com), for testing student urine samples for prohibited substances including and without limitation of the following: alcohol, amphetamines, methamphetamines, barbiturates, benzodiazapines, cocaine, metabolite, marijuana, methadone, opiates, phencyclidine, propoxyphene, hallucinogens, steroids, and all other illegal, addictive, or performance-enhancing drugs. We understand that EMS ISD has contracted with Melody's Southwest Consortium to collect urine samples for the purpose of testing for the presence of drugs and/or alcohol. We understand that if a test of the child's urine sample reveals the presence of a prohibited substance, EMS ISD may take action against him/her up to and including termination of the child's participation in extracurricular activities.

Having read the Administrative Regulation and this consent form, we represent that we have the authority to consent to the drug testing of the child, and we hereby authorize the collection of urine samples from the child to be tested for prohibited substances. This authorization includes, but is not limited to, the authorization for Melody's Southwest Consortium to collect urine samples from the child for the purpose of testing for the presence of drugs and/or alcohol.

We further authorize EMS ISD, and Melody's Southwest Consortium, and their officers, employees, and agents to communicate the child's drug testing results both orally and in writing to each other, to an EMS ISD designee, to the child's other parent/guardian, to the EMS ISD campus administrator, to the campus personnel responsible for administering the testing program and extracurricular activities, and to communicate such test results regarding any EMS ISD administrative or legal proceeding.

I understand that my child's drug testing results shall not be maintained in the child's educational file and shall be destroyed when my child graduates from high school. If my child graduates from a high school not part of EMS ISD, then it shall be our responsibility to notify EMS ISD of the child's graduation so that the drug testing results can be destroyed. I also understand that no physician/patient relationship is established by the collection of urine samples by the designated licensed medical facility or third-party administrator. I understand that, except as set forth above, all test results shall be confidential and shall be disclosed only to my child, to me, and to the child's other parent/guardian, and/or to designated District officials.

We hereby release and hold harmless EMS ISD and Melody's Southwest Consortium, their Board of Trustees, officers, employees, agents, representatives, and medical staff members from any and all liability, claims, damages, and costs that may arise from or be related directly or indirectly to a drug test/result.

This is a legal consent and release of liability form. Please ensure that you have read this form and the Administrative Regulation carefully and that your questions have been answered before signing.

This consent, release, and hold harmless agreement shall be effective as long as the child is enrolled at the EMS ISD school campus designated above, or until written notice of revocation of this consent is given to the Principal of such school.



**EAGLE MOUNTAIN  
SAGINAW ISD**

*Fostering a Culture of Excellence*

---

\_\_\_\_\_  
Parent/Guardian **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian **Printed** Name

\_\_\_\_\_  
Student **Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student **Printed** Name

Student ID#: \_\_\_\_\_