

2025-2026

Brackett ISD

STUDENT DRUG TESTING CONSENT FORM  
FOR STUDENT AGE 18 OR OLDER

Brackett High School

I, \_\_\_\_\_, student enrolled in Brackett ISD and  
(Please Print Name of Student)

participating in school sponsored extracurricular activities and/or requesting campus parking/driving privileges (includes, but not limited to, all athletic sports, band, choir, flags and twirlers, One Act Play, Cheerleading, Mascot, FFA, FCA, NHS, Student Council, Drama Club, and all UIL activities), have read and understand Brackett ISD's policy regarding random student drug testing.

I understand that I will be asked to provide a urine sample for drug analysis, and I consent to such testing conducted as part of the District's drug testing policy.

I also understand that while I cannot be compelled to produce a specimen, the giving of a specimen when requested by the District is a condition of my continued participation in the identified extracurricular activities/privileges. I understand that if a test of my specimen reveals an unexplained presence of a drug, the District may take action against me up to and including termination of participation in extracurricular activities or removal of campus parking/driving privileges.

I understand that refusal to submit to a test will have the same consequence as if I had tested positive.

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Student Signature

Date