

STUDENT RIGHTS AND RESPONSIBILITIES
INTERROGATIONS AND SEARCHES

FNF
(LOCAL)

TAFT INDEPENDENT SCHOOL DISTRICT DRUG TESTING AUTHORIZATION FORM

Student's Name _____ GRADE _____

Parent/Guardian's Name _____

Date: _____

I acknowledge that I have read and understand the Taft Independent School District Extracurricular Drug Testing Policy. I understand that I will be asked to provide a urine sample for drug analysis. I consent to any such testing conducted as part of the drug testing policy, and I agree that I will not refuse to provide a urine sample for drug analysis, if requested by the Taft Independent School District.

Student's signature _____

Parent/Guardian's signature _____

Consent Form must be signed and presented at testing.

~ A copy of the policy is available upon request and is available on our website www.taftisd.net

NOTE: THIS DOCUMENT IS VALID FOR THE 2026-2027 SCHOOL YEAR

Drug Screening Service Provided by:

Pinnacle Medical Management

5945 McArdle Rd,

Corpus Christi, TX 78412

361-225-2218