



Student Name (Please Print) \_\_\_\_\_

LAST

FIRST

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

List Extracurricular Activities: \_\_\_\_\_

**Extracurricular Discipline Management Plan and  
Student Drug Testing Program  
Parental Notification and Consent Form**

I acknowledge that the student named above participates in extracurricular activities at Midway High School or Midway Middle School. Each student involved in extracurricular activities participates under the guidelines of the Extracurricular Discipline Management Plan (ECDMP) and is required to participate in the student drug testing program.

I acknowledge that I have received a copy of the Extracurricular Discipline Management Plan, Board Policy FNF(LOCAL) and the Administrative Procedures for the Midway I.S.D. Mandatory Drug Testing Program for Students Participating in Extracurricular Activities. I have read and understand the purposes, requirements, and consequences of the ECDMP and the drug testing program as described in those documents.

**Acknowledgement and Consent**

I hereby consent and agree to the testing of the student named above as provided in Board Policy FNF(LOCAL) and the Administrative Procedures for the Midway I.S.D. Mandatory Drug Testing Program for Students Participating in Extracurricular Activities.

Parent/Guardian Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

.....  
**Refusal to Participate**

The student named above does not have my consent to participate in the drug testing program. I understand that the student will not be allowed to participate in extracurricular activities at Midway I.S.D.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_