

INFORMED CONSENT AGREEMENT

Student Name \_\_\_\_\_ Grade for Current School Year \_\_\_\_\_

AS A STUDENT ATHLETE:

- ψ I understand and agree that participation in athletics is a privilege that may be withdrawn for violations of the Student Athletic Handbook and/or District Policies.
- ψ I have read the Student Athletic Handbook and thoroughly understand the consequences that I will face if I do not honor my commitment to the rules of the Handbook and/or District Policies.
- ψ I understand and realize that there is a risk of injury in participating in athletic activities.
- ψ I understand that when I participate in any athletic program, I will be subjected to random urine drug testing, and if I refuse, I will not be permitted to practice or participate in any athletic activities. I have read the consent on the back of this form and agree to its terms.
- ψ I give my consent for Holzer Health System to release the test results to the Gallipolis City School District.
- ψ I understand that this agreement is binding while I am a student in the Gallipolis City School District.

\_\_\_\_\_  
 Signature of Athlete Date

AS A PARENT/GUARDIAN/CUSTODIAN

- ψ I have read the Student Athletic Handbook and understand the responsibilities of my son/daughter/ward as a participant in the athletic program in the Gallipolis City School District. I agree to abide by its terms.
- ψ I pledge to promote healthy lifestyles for all student athletes in the Gallipolis City School District.
- ψ I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.
- ψ I understand that my son/daughter/ward, when participating in any athletic program, will be subjected to random urine drug testing and, if they refuse, will not be allowed to practice or participate in any athletic activities. I have read the consent on the back of this form and agree to its terms.
- ψ I understand that any challenges or repeat testing that I request will be done at my own expense, and that any additional testing must be performed at an accredited laboratory.
- ψ I give my consent for Holzer Health System to release the test results to the Gallipolis City School District.
- ψ I understand that this agreement is binding while my son/daughter/ward is a student in the Gallipolis City School District.
- ψ I also understand that if I wish to have my son/daughter/ward tested for drugs of abuse outside the program guidelines above, I will be offered a discounted price (to be determined) for the screen and confirmation. Collections for these tests must be scheduled by the parent/guardian/custodian with Holzer Health System.

\_\_\_\_\_  
 Signature of Parent/Guardian/Custodian Date

\_\_\_\_\_  
 Printed Name of Parent/Guardian/Custodian Phone Number

**CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

2013-2014 SCHOOL YEAR

We hereby consent to allow the student named on the "Informed Consent for Drug Testing" form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with Policy IGDJA, Policy IGCJA-R, and the Athletic Handbook as approved by the Gallipolis City School District Board of Education on July 8, 2013.

We understand the collection process will be overseen by a qualified vendor.

We understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that samples will be coded to provide confidentiality.

We hereby give our consent to the medical vendor selected by the Gallipolis City School District Board of Education, their laboratory, doctors, employees, or agents, or together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis for the detection of illicit drugs or banned substances.

We further give permission to the medical vendor selected by the Gallipolis City School District Board of Education, its doctors, employees, or agents to release all results of these tests to the Medical Review Officer (MRO). We understand these results will be forwarded to the Athletic Director only.

We understand that consent pursuant to the Informed Consent Agreement will be effective for all athletic sports in which this student athlete might participate during the current school year.

We hereby release the Gallipolis City School District Board of Education and its employees from any legal responsibility or liability for the release of such information and records.

This will be deemed as a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

[Adoption date: July 8, 2013]