

Huron School District
INFORMED CONSENT AGREEMENT

STUDENT NAME: _____ GRADE: _____

AS A STUDENT:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Huron School District Drug Testing Policy.
- I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy.
- I understand that when I participate in any athletic program, I will be subject to initial and random urine drug and alcohol testing; and if I refuse, I will not be allowed to practice or participate in any athletic activities. I have read the Informed Consent Agreement on the reverse and agree to its terms.
- I understand this agreement is binding while I am a student in the Huron School District system.

Student Signature

Date

AS A PARENT OR GUARDIAN:

- I have read the Huron School District Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Huron School District.
- I pledge to promote healthy lifestyles for all student athletes in the Huron School District.
- I understand that my son/daughter/ward, when participating in any athletic program, will be subject to initial and random urine drug and alcohol testing, and if he/she refuses, will be allowed to practice or participate in any athletic activities. I have read the Informed Consent Agreement on the reverse and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a participant in athletics in the Huron School District.

Parent/Guardian Printed Name

Best Available Phone Number

Parent/Guardian Signature

Date

INFORMED CONSENT AGREEMENT PRESCRIPTION DOCUMENTATION FORM

If you are taking medications please complete this form and return it to the **Athletic Department in a sealed envelope.** In the event of a positive test, the sealed envelope will be turned over to the testing company.

Student Name: _____ Grade: _____

Please list all prescription medications that are currently prescribed in the student's name. Over the counter drugs, birth control, normal aspirin, Tylenol, Excedrin, Advil, etc., are not required to be listed.

*Note: Students testing positive for prescription medication not prescribed to them will be treated as a first violation.

Or the option listed below:

I will personally verify to the lab a list of medications only if needed.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature