

GALLATIN HIGH SCHOOL
Gallatin, Tennessee

CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

I hereby consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Gallatin High School Department of Athletics Drug Testing Program if requested by my head coach.

I understand that before such a test would take place, my parents and I would have an opportunity to read and to understand the Gallatin High School Drug Education and Testing Policy and Procedures.

I understand that this testing will occur at such time or times as deemed appropriate by the team physician, my head coach, or certified athletic trainer. I understand that my urine samples will be sent only to a licensed medical laboratory for actual testing and that the samples will be coded to provide confidentiality.

I hereby authorize the release of such urine testing results to the team physician, head coach, certified athletic trainer, and other high school officials as deemed appropriate. I understand that these results will also be made available to me.

I understand that I am free to withdraw this consent for urinalysis testing however, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any sporting program until such time as my head coach and principal shall deem appropriate.

I hereby authorize the release of the results of such testing to my parent(s)/guardian(s) upon receipt by the high school of a specific request by my parent(s)/guardian(s).

I hereby release the Sumner County Board of Education and Gallatin High School from any legal responsibility or liability for the release of such information and records authorized by this form.

Date

Student-Athlete Signature

Parent(s)/Guardian(s) Signature
(Necessary if Student-Athlete is a minor)