



DEFIANCE CITY SCHOOLS

ATHLETIC CODE OF CONDUCT/ DRUG TESTING CONSENT AGREEMENT

STUDENT NAME: _____ **GRADE** _____

AS A STUDENT:

I understand and agree that participation in athletics activities is a privilege that may be withdrawn for violations of the Athletic Code of Conduct and Expectations, hereinafter Code of Conduct.

I have read the Code of Conduct and thoroughly understand the consequences that I will face if I do not honor my commitment to the Code of Conduct.

I understand and realize that there is a risk of injury in participating in athletic activities.

I understand that when I participate in any athletic program, I may be subject to initial and random drug testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities, as this will count as a positive test and the Defiance HS Athletic Policy will be followed. This will also include five (5) tests over the next 365 days, at the discretion of the Defiance City School's Athletic Department . I have read the Drug Test Consent on the **reverse side of this form** and agree to it's term.

I understand this is binding while a student at Defiance City Schools.

STUDENT SIGNATURE _____ **DATE** _____

AS A PARENT/GUARDIAN/CUSTODIAN:

I have read the Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Defiance City School District.

I pledge to promote healthy lifestyles for all student athletes of the Defiance City School District.

I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as a participant in athletic activities.

I understand that my son/daughter/ward , when participating in any athletic program, may be subjected to initial and random drug testing, and if they refuse , will not be allowed to practice or participate in any athletic activities. I have read the consent form on the **reverse side of this form** and agree to it's terms.

I understand that I am responsible for obtaining medical insurance that will cover any injury incurred through athletic participation at Defiance City Schools.

I understand this is binding while my son/daughter/ward is a student at Defiance City Schools.

PARENT/GUARDIAN SIGNATURE: _____ **DATE** _____

PARENT/GUARDIAN NAME(print): _____

PARENT HOME PHONE: _____ / **CELL:** _____

Consent to Perform Drug Testing

We hereby consent to allow the student named on the front of this form to undergo testing for the presence of illicit drugs or banned substances in accordance with the **Policy and Procedure for Random Drug Testing of Defiance City School District Students Participating in Interscholastic Sports** as approved by the Defiance City School Board.

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

We understand that urine and/or saliva samples will be initially tested on-site using a Rapid Test Dip Device and/or Saliva Screen Device. Only positive sample results from these Rapid Test Devices will be sent to a certified medical laboratory for confirmation, and that the samples will be coded to provide confidentiality.

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

We further give permission to the medical vendor selected by the Defiance City School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.

We understand that consent pursuant to this **Informed Consent Agreement** will be effective for all athletic sports in which this student athlete might participate during the current school year. ***Once signed...this form covers all years that the student –athlete is enrolled at Defiance High School.***

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