

**CANAL WINCHESTER SCHOOLS
ATHLETIC CODE OF CONDUCT AND EXPECTATIONS**

INFORMED CONSENT AGREEMENT

Student Name _____ Grade _____
(Please Print)

AS A STUDENT:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the **Athletic Code of Conduct and Expectations**, hereinafter **Code of Conduct**.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 that when I participate in any athletic program, I will be subjected to initial and random urine drug testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities. I have read the consent on the reverse of this form and agree to its terms.

- I understand this is binding while a student at Canal Winchester Schools.

Student Signature Date _____

AS A PARENT/GUARDIAN/CUSTODIAN:

- 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 reverse of this form and agree to its terms.

I also understand that if my son/daughter/ward has completed their season and does not intend on participating in other athletic activities the remainder of the year, I may remove them from the random program with a signed letter to the athletic director. Failure to do so is my consent to offer the deterrence of random drug testing for my son/daughter/ward until the end of the testing year.

- I understand this is binding while my son/daughter/ward is a student at Canal Winchester.

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

- I pledge to promote healthy lifestyles for all student athletes of the Canal Winchester School District.

Parent/Guardian/Custodian Signature Date _____

Parent/Guardian/Custodian Name (print) Home Phone Work Phone

READ CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING ON REVERSE SIDE

Consent to Perform Urinalysis for Drug Testing

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

We understand that a qualified vendor will oversee the collection process.

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

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

We further give permission to the medical vendor selected by the Canal Winchester 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 the current school year.

We hereby release the Canal Winchester School Board of Education, the medical vendor selected by the school board, its doctors, employees, or agents, from any legal responsibility or liability for the release of such information and records, consistent with this policy and procedure.

READ ATHLETIC CODE OF CONDUCT AND EXPECTATIONS ON REVERSE SIDE AND SIGN!