



CENTRAL DAUPHIN SCHOOL DISTRICT

**Board Policy 227.1: DRUG TESTING POLICY FOR PARTICIPATION IN
INTERSCHOLASTIC ATHLETICS/CHEERLEADING**



DRUG AWARENESS

I have read and understand the contents of the Central Dauphin School District Drug Testing for Student Athletes Policy. I understand by signing this form (which includes the General Authorization Form for Random Drug Testing) that I will abide by the terms and conditions of the Central Dauphin School District Drug Testing for Student Athletes Policy.

I understand that my son/daughter will not be punished by academic suspension or expulsion for a positive test result; however, they will be disqualified from participating in the activity as outlined in Board Policy No. 227.1 on Drug Testing for Student Athletes. I also understand that my son/daughter will be required to comply with specific guidelines for further athletic consideration as set forth in this policy.

GENERAL AUTHORIZATION FORM

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by Central Dauphin School District Board of School Directors and the Athletic Departments of the Central Dauphin School District.

I also authorize the Central Dauphin School District to conduct random urine screenings and/or random urinalyses (paid for by the district) to test for drug use and to cooperate with such testing if my child or I (student athlete) am chosen. I authorize the release of information concerning the results of such a test to the Assistant Superintendent of the Central Dauphin School District or his/her designees, the school official(s) who need to know and the parents/guardians of the student athlete.

This shall be deemed consent pursuant to applicable laws for the release of above information to the parties named above.

Parents shall submit, in a sealed envelope attached to this form, a list of prescription medications currently being prescribed for the student athlete by a physician and currently being taken by the student athlete. Student athletes shall update this list (through addition or deletion) with the school nurse when any change is made by the physician.

Student Signature **Date**

Student Last Name (PRINT) **Student First Name (PRINT)** **Date**

Parent or Guardian Signature **Date**