**PLYMOUTH HIGH SCHOOL**

**ATHLETIC DRUG TESTING CONSENT FORM**

I have received and have read and understand a copy of the "PHS Athletic Code of

Conduct and PHS Athletic Drug Education and Testing Program.” I desire that

(Student’s name) participate in this program and in the interscholastic athletic program at Plymouth High School and hereby voluntarily agree to be subject to its terms. I accept the method of obtaining urine samples, testing, and analysis of such specimen and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time. I understand my refusal to provide a urine

sample may result in suspension from athletic participation at Plymouth High School. Such

participation will continue on acceptance of the drug testing regulations.

I further agree and consent to disclosure of the sampling, testing and results provided for in this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in the program.

This is to certify that the undersigned have read, understand and agree to abide by these regulations, rules and the rules of conduct for participants.

STUDENT’S NAME: (please print): \_\_\_\_\_

STUDENT'S SIGNATURE: \_ GRADE. \_

PARENT, CUSTODIAL PARENT

OR GUARDIAN’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:

Revised-April 8, 2010