

**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 Northeastern Local School District Students Participating in Interscholastic Sports** as approved by the Northeastern Local Schools Board of Education.

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

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 Northeastern Local School District, 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 Northeastern Local School District, 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.

We hereby release the Northeastern Local School District Board of Education, SPORT SAFE Testing Service, Inc. and its employees from any legal responsibility or liability for the release of such information and records.

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

**Northeastern Local 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**AS A STUDENT:** I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the **Athletic Code of Conduct and Expectations**, hereinafter **Code of Conduct**.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 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 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 I am a student in the Northeastern Local School District.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**AS A PARENT/GUARDIAN:** I have read the **Code of Conduct** and understand the responsibilities of my son/daughter as a participant in athletic activities in the Northeastern Local School District.

I pledge to promote healthy lifestyles for all student athletes of the Northeastern Local School District.

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

I understand that my son/daughter, when participating in any athletic program, will be subjected to initial and 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 understand this is binding while my son/daughter is a student in the Northeastern Local School District.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone