



Iroquois Junior-Senior High School

4301 Main Street

Erie, PA 16511

814.899.7643

Mr. Doug Wilson, Principal

Mrs. Jeannene Willow, Assistant Principal

**IROQUOIS SCHOOL DISTRICT
CONSENT TO DRUG/ALCOHOL TESTING**

STUDENT GRADE: _____

I, _____, a student of the Iroquois School District interested in participating in athletics, do hereby consent to drug/alcohol testing in accordance with the Iroquois School District policy. This consent shall take affect the day of the first scheduled physical for the sport in which I intend to participate and will last for one full calendar year thereafter. I am voluntarily signing this form so that everyone in the school district can know with certainty that my representation of the school district through athletics is not, and will not, be tainted by the presence of drugs, alcohol, or nicotine in my body.

Specifically, I hereby authorize the school district through its administrators, athletic director, coaches, school nurse, or other agent or representative appointed by the school district, to request (at any time and without any prior warning) that I submit a urine sample for testing at a laboratory of the school district's choosing. I am fully aware that this testing will be done without prior announcement and that same must be made during the term of this consent. I am fully aware that if the testing reveals a violation of the school district's policy, sanctions will apply as set forth in that policy which will affect my ability to participate in Iroquois athletics. I further voluntarily agree that if at any time I refuse to submit a sample for testing, this shall result in my disqualification just as if the presence of a prohibited substance has been detected.

All test results will remain confidential. All costs associated with the testing shall be paid by the school district.

This consent must be signed in the presence of, and witnessed by, a school district employee.

Student/Athlete Signature: _____ Date: _____

Witness/District Employee Signature: _____ Date: _____

I acknowledge receipt of the foregoing consent, recognize the signature above as that of my son/daughter, and agree to the terms and conditions of the consent.

This consent must be signed in the presence of, and witnessed by, a District employee.

Parent/Guardian Signature: _____ Date: _____

Witness/District Employee Signature: _____ Date: _____