
DRUG AND ALCOHOL TESTING FOR STUDENT ATHLETES

Permission to Test
ALTOONA AREA SCHOOL DISTRICT

The Altoona Area School District is committed to providing a safe, drug and alcohol free athletic program. We appreciate your support, encouragement, and cooperation. The cost of the test and, if necessary, the drug and alcohol evaluation will be covered by the Altoona Area School District. Tests will be confidential. The selection process will be done by a random sampling process.

Please fill out the bottom of this page and return it to your son/daughter's coach. Please print your name, address, and your son/daughter's name. Results will be mailed to the address below.

I hereby give permission for the Altoona Area School District and Altoona Hospital Campus (ARHS) to perform a drug and alcohol screen on my son/daughter. I realize the purpose and ramifications of the testing and will follow the guidelines set forth for positive tests.

I understand that my son/daughter will not be punished by suspension or expulsion for a positive test result; however, they will be disqualified from participating in the activity as outlined in Board Policy No. 5040R2 on Drug and Alcohol 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.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Address: _____ **Phone:** _____

Family Doctor: _____ **Pharmacy:** _____

Current Medications: _____

As a student athlete, I agree to participate in the drug and alcohol testing program. I have read and understand the information provided in this permission to test form.

Student Name (Please Print): _____

Sport: _____ **Grade:** _____

Student Signature: _____ **Date:** _____