



Random Drug Testing Program - Consent to Test

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my individual conduct. I agree to accept and abide the standards, rules, and regulations set forth by the School Board of Collier County, Florida and the sponsors for the activity in which I participate. I authorize the School Board of Collier County, Florida to conduct a screening of urine, which I will provide on-site to test for drug use, if mine is one of the names selected at random for testing. Pursuant to School Board policy and the procedures outlined for Drug Screening and Testing Students, I also authorize the release of information concerning the results of such tests only to designated school district personnel.

Period of Eligibility for Selection: inclusive of the first day of practice in the sport through the conclusion of the **STATE CHAMPIONSHIP FINALS**, according to the FHSAA calendar, **regardless of whether student's team has been eliminated from competition.** I understand that I may be randomly drug tested for a period of one calendar year from the submission of this form.

Refusal to submit to drug-testing when requested, after having signed a consent form: the student shall be suspended from interscholastic athletic activities and/or cheerleading for one (1) calendar year.

Deliberately adulterating the sample or evading a test in any manner: the student shall be suspended from all interscholastic athletic activities and/or cheerleading for one (1) calendar year.

ImPACT (Immediate Post-concussion Assessment and Cognitive Testing) CONSENT FOR BASELINE AND POST INJURY COGNITIVE TESTING and RELEASE OF INFORMATION

I hereby give my permission for my child to undergo baseline ImPACT cognitive testing administered by Collier County Schools. This test is a non-invasive, computer-based test. All student test data is kept confidential, in compliance with HIPPA requirements. If a head injury is suspected, my child may undergo post-concussion ImPACT testing. I understand that my child may need to be tested more than once, depending upon the results of the test, as compared to normative data or my child's baseline test data, which is kept on the file at the secure ImPACT website. The result(s) of these tests may be a factor in determining when/if my child will be permitted to resume active participation. Written clearance from a physician and normal progression through a series of steps administered by a Certified Athletic Trainer are also required before return to play is approved. I understand there is no charge for the testing. Collier County Schools has permission to release ImPACT test results to my child's primary care physician, neurologist, or other treating physician, as indicated below. I understand that general information about the test data may be provided to my child's school counselor and teachers, for the purposes of providing temporary academic modifications, if necessary.

PLEASE PRINT NAME OF DOCTOR(S) TO WHOM ImPACT TEST DATA MAY BE RELEASED:

Name of Doctor (Print) Name of practice or group Phone number

I hereby grant my consent for Random Drug Testing and Impact Baseline and Post-injury Testing

Student Name (Print) Student Signature Student # Date

Parent/Guardian Name (Print) Parent/Guardian Signature Contact Phone No.