

Title : Consent to Drug Testing and Authorization for Release of Test Results
Number :
Approved :
Reference :

5331.03
02/11/98

EASTERN ARIZONA COLLEGE
Substance Abuse Education and Testing Program

CONSENT TO DRUG TESTING AND AUTHORIZATION FOR RELEASE OF TEST RESULTS

I hereby acknowledge that I have received the Eastern Arizona College Substance Abuse Education and Testing Program Policy and Regulation. I further acknowledge that I have read the policy and regulations, that it has been explained to me, and that I fully understand and consent to the provisions of the program, and agree to abide by its terms.

(Initials)

I voluntarily consent to have a sample of my urine collected during my pre-participation physical and at such other times as testing is performed as prescribed in the program, during my participation in intercollegiate athletics at Eastern Arizona College for the _____ academic year, to be tested for the presence of cocaine, marijuana, and/or other substances in accordance with the provisions of the Eastern Arizona College Substance Abuse Education and Testing Program. I further understand that certain prescription and/or over-the-counter drugs that I may be taking can affect the results of these tests and that I will inform appropriate Athletic Department staff prior to testing of any prescription and/or over-the-counter drugs that I am taking.

(Initials)

I further authorize the release of all information and records, including test results relating to the screening or testing of my urine sample(s), in accordance with the provisions of Eastern Arizona College Substance Abuse Education and Testing Program, to the Team Physician, Head Athletic Trainer at Eastern Arizona College, my parent(s) or legal guardian(s) if under the age of consent, the Head Coach of any intercollegiate sport in which I am a team member, the Athletic Director or his designee, and the Eastern Arizona College Counseling Department. To the extent set forth in this document, I waive any privilege I may have in connection with the release of such information to the persons listed in the preceding sentence. The Graham County Community College District, Eastern Arizona College and their officers, employees, and agents are hereby released from legal responsibility or liability for the release of such information and records as authorized by this form.

(Initials)

Athlete's Name (Please Print)

Athlete's Signature

Parents'/Legal Guardians' Name (Please Print)*

Parents'/Legal Guardians' Signature*

*Parents'/Legal Guardian signature required only if athlete is under the age of 18.

Witness's Signature

Date

