



## **Consent to Perform Urinalysis for Drug Testing Bishop Donahue High School**

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 Bishop Donahue High School Students Participating in Interscholastic Sports as approved by the Bishop Donahue School Board.

We understand that the collection process will be overseen by a qualified vendor (Wheeling Hospital).

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 (Wheeling Hospital), 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 (Wheeling Hospital) , 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 Bishop Donahue High School, its School Board, its employees, and the Diocese of Wheeling-Charleston from any legal responsibility or liability for the release of such information and records.

\_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian/Custodian Signature

\_\_\_\_\_  
Parent/Guardian/Custodian Name (print) Home Phone/ Work Phone

# BDHS ATHLETIC CODE OF CONDUCT AND EXPECTATIONS INFORMED CONSENT AGREEMENT

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Student Name (Please Print) \_\_\_\_\_ Grade \_\_\_\_\_

**AS A STUDENT:**

- I understand and agree that participation in athletic activities is a privilege and may be withdrawn for violations of the Athletic Code of Conduct and Expectations, hereinafter Code of Conduct.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 (baseline) and random drug urine 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 a student at BDHS.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**AS A PARENT/GUARDIAN:**

- I have read the Code of Conduct and understand the responsibility of my son/daughter as a participant in athletic activities at BDHS.
- I pledge to promote healthy lifestyles for all student athletes of the BDHS community.
- 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/ward, when participating in any athletic program, will be subjected to initial (baseline) and random urine drug testing, and if he/she refuses, will not be allowed to practice or participate in any athletic activities. In addition, if he/she tests non-negative on any such test I approve of further weekly testing as is mandated in this policy.
- I understand that I would be responsible for the cost of such additional expense. 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/ward is a student at BDHS.
- We hereby release Bishop Donahue High School, its School Board, its employees, and the Diocese of Wheeling- Charleston from any legal responsibility or liability as a result of this policy.

\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian/Custodian Signature

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Parent/Guardian/Custodian Name (print) Home Phone Work Phone

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