

CONSENT TO PREFORM URINALYSIS FOR DRUG TESTING

Hendersonville High School - Hendersonville, TN

I hereby consent to have a sample of my urine collected and tested for the presence of drugs in accordance with the Hendersonville High School Athletic Department Drug Education and Testing Program.

I have read and I understand the HHS Drug Education and Testing Policy and Procedures. I have received a copy of such policies and procedures.

I understand that this testing will occur at such time or times as deemed appropriate by the team physician, the head coach, or the certified athletic trainer. I understand that any urine samples will be sent only to a licensed medical laboratory for actual testing, and that the samples will be coded to insure confidentiality.

I hereby authorize the release of such urine testing results to the team physician, the head coach, certified athletic trainer, and/or other high school officials as deemed appropriate. I understand that these results will also be made available to me.

I understand that I am free to withdraw this consent for urinalysis testing. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any sporting program until such time as my head coach and the Principal shall deem appropriate.

I hereby release the results of such testing to my parent/guardian upon the receipt by the high school of a specified request by my parent/guardian.

I hereby release the Sumner County Board of Education and Hendersonville High School from any legal responsibility or liability for the release of such information and records as authorized by this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student-Athlete (print)

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(necessary if Student-Athlete is a minor)

\_\_\_\_\_  
Parent/Legal Guardian Signature  
(necessary if Student-Athlete is a minor)