

Attachment A

Drug Testing Consent Form

Please complete and return to Athletic Department or Head Coach

Student Name:

Student ID#

 Street Address

Apt#

 City

State

Zip Code

 Home Telephone

Cell

Other

I have read and I understand East Georgia State College's "Policy on Substance Abuse and Drug Testing" and by signing this form I agree to abide by the terms of the policy, and I hereby agree to EGSC Drug Testing Policy, and I consent to be tested for controlled drugs and substances as required by the policy.

I further more agree that refusal to submit to testing as required by the EGSC Drug Testing Policy will subject me to dismissal from the team.

 Student Athletes Signature

 Date

 Parent/Guardian Signature (if minor)

 Date