

# Permission to Participate in Inter-scholastic Athletics and Random Drug and Alcohol Testing (RDAT) Consent Form

## Athletic Participation

One form is required for each sport in which the student participates

The answers provided in the athletic Health History Questionnaire Forms are correct. I understand that any misrepresentation of any of the information contained herein will result in the student being denied the opportunity to participate. I hereby give my consent to the participation of

\_\_\_\_\_ in \_\_\_\_\_  
Student's Full Name (Printed) Sport (Printed)

conducted by the school against other schools and within the school. Parents and guardians should be aware that such activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observation of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning. I shall assume all responsibility and expense for any injury received in practice or participation. I give my permission for my son/daughter to be evaluated and treated by the school athletic trainer and/or team physician should such service be necessary.

## **Concussion Acknowledgement**

I have received the NJ Department of Education Concussion and Head Injury fact sheet \_\_\_\_\_

\*\*\*You will receive one fact sheet per school year\*\*\*

Parent/guardian initial

## **Random Drug and Alcohol Testing Consent**

I understand fully that my performance, as a participant, and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by the Middletown Township Board of Education and the sponsors for the activity in which I participate.

I authorize the Middletown Township School District to conduct a test on urine, which I provide on-site, to test for alcohol and/or drug use if my identification number (ID) is drawn from the random pool. Pursuant to the Regulations for the Student Random Drug and Alcohol Testing Policy, I also authorize the release of information concerning the results of such tests to designated District personnel.

I understand that I may also be randomly drug and alcohol tested for a period of 365 days from the date this form is received and I have read and understand the Administrative Guidelines on Random Drug and Alcohol testing.

I understand that in the event of a positive result, my club advisor, coach, or administrator will be notified, will maintain confidentiality, and will not share the information with any individual or agency. A student will not be able to participate until the form is returned.

\_\_\_\_\_  
Student Signature Date Parent's or Guardian's Signature Date

Student ID # \_\_\_\_\_ Home phone \_\_\_\_\_

Student Grade \_\_\_\_\_ Work phone \_\_\_\_\_

Gender (circle one) Male Female Parent/guardian cell phone \_\_\_\_\_