

**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 "Substance Abuse Policy" and by signing this form I agree to abide by the terms of the policy, and I hereby agree to the 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 Substance Abuse Policy will subject me to dismissal from the team.

Student Athletes Signature

Date

Parent/Guardian Signature (if minor)

Date