

DALLAS SCHOOL DISTRICT
SPORTS PHYSICAL FORM
PIAA CIPPE revised 5/26/2011

PLEASE NOTE:

IT IS THE PRACTICE OF DALLAS SCHOOL DISTRICT TO REQUIRE A NEW EXAMINATION FOR EACH SEASON. THESE EXAMS ARE OFFERED AT NO COST TO THE STUDENT ATHLETE AT SCHOOL.

IT IS ALSO THE POLICY OF THE DALLAS SCHOOL DISTRICT TO REQUIRE PERMISSION FOR RANDOM DRUG TESTING OF THE STUDENT ATHLETE.

DRUG TESTING FOR STUDENT ATHLETES - PERMISSION TO TEST

I hereby give permission for the Dallas School District to perform a urine drug screen on my son/daughter. I realize the purpose and ramifications of the testing and will follow the guidelines set forth for positive tests.

I understand that my son/daughter may not be punished by suspension or expulsion for a positive test result; however, they will be disqualified from participation in the activity as outlined in Board Policy No. 227.1 on Drug Testing for Student Athletes. I also understand that my son/daughter will be required to comply with specific guidelines for further athletic consideration as set forth in this policy.

Dallas School District is committed to providing a safe, drug-free athletic program. We appreciate your support, encouragement and cooperation. You may request to be present when your son/daughter is being tested. The cost of the test, and if necessary, the drug and alcohol evaluation will be covered by the Dallas School District. The selection of students to be tested is done by a random sampling process.

Parent/Guardian Signature _____ Date _____

As a student athlete I agree to participate in the urine drug-testing program. I have read and understand the information provided in this permission to test form.

Student Signature _____ Date _____

Printed STUDENT Name _____

Printed PARENT Name _____

Address _____

Phone Number (s) _____

Sport _____ Year of Graduation _____ Grade _____