

## TCU Athletic Training / Sports Medicine

### AUTHORIZATION AND CONSENT FOR INSTITUTIONAL DRUG TESTING

I understand fully that my performance as an athlete and the reputation of my team 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 TCU, and the athletic director, assistant athletic director, coaches, physician, director of sports medicine, and administrators of the sport in which I will participate.

I authorize the coaching staff, the Assistant Vice Chancellor for Student Affairs/Dean of Campus Life, or their designees, to enter my room at TCU or my room on the road in order to check for cleanliness and/or violations of athletic department policies or the TCU Code of Student Conduct. I understand that articles found in my room which might be in violation of the above policies or law can be confiscated and removed and used for, among other purposes, appropriate disciplinary action.

I acknowledge that I have received and read the TCU Athletics Department Chemical Awareness, Drug Abuse, and Screening Policy, and I agree to abide by it. I consent to testing under that policy, and the release of information as provided under that policy.

I further hereby consent to undergo a blood test, urinalysis or a medically or legally recognized investigatory test or procedure (a "drug screen") in connection with my participation in athletics at TCU and for the purpose of determining the presence in my system of illegal drugs, controlled substances or any other substances prohibited by any policy of TCU or its Athletics Department. I understand that any such drug screen(s) will be administered or conducted by a physician, laboratory facility, or other entity selected by TCU and will be done at TCU expense. I agree to go to the physician, laboratory facility, or other entity selected by TCU at the time designated by TCU, to undergo the drug screen, or otherwise to provide a sample and to cooperate with the drug screen requested by TCU. I understand that my testing positive under such a drug screen, or my other violation the TCU Athletics Department Chemical Awareness, Drug Abuse, and Screening Policy, may adversely affect my eligibility to participate in athletics at TCU, my status as a student at TCU, my right to receive benefits under any scholarship I have been awarded, and other withdrawal, cancellation, or denial of privileges and benefits.

I further consent to the disclosure of the results of the drug screen to TCU's athletics director, assistant athletics director, my head coach, my other coaches, the team physician, the director of sports medicine, the head athletic trainer, my parents and/or guardian, my spouse, the Vice Chancellor for Student Affairs, the Dean of Campus Life, the Assistant Vice Chancellor for Student Affairs, any counselor to whom I am referred at TCU, TCU's legal counsel, to any other administrators or persons within TCU who have a "need to know," and to physicians, sports medical staff, or representatives of any professional sports team.

I further consent to TCU's team physician, director of sports medicine, coordinator of athletic training, head coach, athletics director, assistant athletics director, Vice Chancellor for Student Affairs, Assistant Vice Chancellor for Student Affairs, Dean of Campus Life, any counselor to whom I am referred at TCU, and my coaches providing each other medical or health care information pertaining to me, and communicating about this among them, including but not limited to information on my condition, diagnosis, prognosis, and treatment. I further consent to TCU releasing medical or health care information pertaining to me, including but not limited to information on my condition, diagnosis, prognosis, and treatment, to physicians, sports medical staff, or representatives of any professional sports team.

The purpose for the release of medical and health care information, as provided herein is so that appropriate decisions can be made about me under policies of TCU and its Athletics Department. This authorization for release of information remains in effect until I properly revoke it.

I further authorize and consent to the academic advisor mailing an academic status report at mid term of each fall and spring semester to my parents or legal guardian. This report will include the current grade, attendance record and any pertinent information the advisor deems necessary. I further authorize and consent to the advisor mailing such reports early in the semester if the undersigned is experiencing problems which shall be at the advisors discretion. I also understand that a full report will be sent at the end of the semester and the school year. This shall be deemed a consent pursuant to, among other laws, the Family Educational Rights and Privacy Act for release of all the above educational and other records to the parties above named.

I hereby release and hold TCU, its officers, trustees, athletics director, its Vice Chancellor for Student Affairs, Dean of Campus Life, Assistant Vice Chancellor for Student Affairs, assistant athletics director, its coaching staff, the team physician, the director of sports medicine, the head athletic trainer, TCU's employees, representatives, housing staff, the student life staff, any TCU counselor, the TCU health center, and any and all of their agents harmless from any liability as a result of their compliance with the terms of this Authorization and Consent.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Revised 5/00

Prepared by McDonald, Sanders Law Firm