



IHSA Sports Medicine Acknowledgement & Consent Form

IHSA PERFORMANCE-ENHANCING SUBSTANCE TESTING POLICY

In 2008, the IHSA Board of Directors established the association's Performance-Enhancing Substance (PES) Testing Program. Any student who participates in an IHSA-approved or sanctioned athletic event is subject to PES testing. A full copy of the testing program and other related resources can be accessed on the IHSA Sports Medicine website. Additionally, links to the PES Policy and the association's Banned Drug classes are listed below. School administrators are able to access the necessary resources used for program implementation in the IHSA Schools Center.

IHSA PES Testing Program

<http://www.ihsa.org/documents/sportsMedicine/2014-15/2014-15%20PES%20policy%20final.pdf>

IHSA Banned Drug Classes

<http://www.ihsa.org/documents/sportsMedicine/2014-15/2014-15%20IHSA%20Banned%20Drugs.pdf>

IHSA STEROID TESTING POLICY CONSENT TO RANDOM TESTING

As a prerequisite to participation in IHSA athletic activities, we agree that I/our student will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. We have reviewed the policy and understand that I/our student may be asked to submit to testing for the presence of performance-enhancing substances in my/our student's body either during IHSA state series events or during the school day, and I/our student do/does hereby agree to submit to such testing and analysis by a certified laboratory. We further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my/our student's high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. We understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. We understand that failure to provide accurate and truthful information could subject me/our student to penalties as determined by IHSA.

A complete list of the current IHSA Banned Substance Classes can be accessed at

<http://www.ihsa.org/documents/sportsMedicine/2014-15/2014-15%20IHSA%20Banned%20Drugs.pdf>

ACKNOWLEDGEMENT AND CONSENT

Student/Parent Consent and Acknowledgements

By signing this form, we acknowledge we have been provided information regarding concussions and the IHSA Performance-Enhancing Testing Policy. We also acknowledge that we are providing consent to be tested in accordance with the procedures outlined in the IHSA Performance-Enhancing Testing Policy.

Student

Student Name (Print): _____ Grade (9-12): _____

Student Signature: _____ Date: _____

Parent or Legal Guardian

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____

Consent to Self Administer Asthma Medication

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication: _____

Purpose: _____

Dosage: _____

Time/Special Circumstances: _____

Printed Name of Physician

Signature of Physician

Date

I, _____, do hereby give my son/daughter, _____,
Permission to self-administer his/her asthma medication as prescribed by his/her physician
during athletic competition.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date