

Drug Testing Consent Form for Athletes

Athlete Name

Date of Birth

Sport

Team / Organization

Consent Statement

I hereby consent to undergo drug testing as part of the requirements of participation in the athletic program. I acknowledge that I have been informed of the policies and procedures related to drug testing and understand the potential consequences of a positive test result.

Athlete Signature

Date

Parent/Guardian Name (if under 18)

Parent/Guardian Signature

Date