Drug Testing Consent

I have read Administrative Regulation 6145.2 and agree to abide by its required procedures. I also consent for my son/daughter to be drug tested as prescribed by the drug testing policy stated within this regulation.

Student’s Signature: ________________________________ Date: __________

Parent/Guardian’s Signature: ____________________________ Date: __________

Agreement for Student Athlete and Parent/Guardian Regarding Use of Steroids

Directions: As a condition of membership in the California Interscholastic Federation (CIF) and in accordance with Education Code 49030, the Governing Board of the Oroville Union High School District has adopted Board Policy 5131.63 prohibiting the use and abuse of androgenic/anabolic steroids as specified below. CIF Bylaw 524 requires that all participating students and their parents/guardians sign this agreement.

By signing below, we agree that the student shall not use androgenic/anabolic steroids or any dietary supplement banned by the U.S. Anti-Doping Agency as well as the substance synephrine, without a written prescription from a licensed health care practitioner to treat a medical condition.

We recognize that under CIF Bylaw 200.D the student may be subject to penalties, including ineligibility for any CIF competition, if the student or his/her parent/guardian provides false or fraudulent information to the CIF.

We understand that the student's violation of the district's policy regarding steroids may result in discipline against him/her including, but not limited to, restriction from athletics or suspension or expulsion from school.

Student’s Signature: ________________________________ Date: __________

Parent/Guardian’s Signature: ____________________________ Date: __________