



Drug Testing Consent: Montreat College Department of Athletics

TO ALL STUDENT-ATHLETES:

In conjunction with policies and procedures on substance abuse as set forth in the Montreat College Student Handbook and the Athletic Department Manual, all student-athletes are required to read, understand, and sign the following statement:

The Athletic Department Handbook states that:

The College policies regarding student use of alcohol, illegal drugs, and tobacco are contained in the Student Handbook. In addition to those policies, the following policies apply to all Montreat College student-athletes during their entire playing career while a member of a College athletic team:

1. The possession and / or consumption of alcoholic beverages is prohibited on campus.
2. The possession and / or consumption of non-prescription drugs is prohibited both on and off campus.
3. The possession and / or consumption of tobacco products is prohibited on campus.

By signing this form, you affirm that you are aware of the Montreat College "reasonable cause" drug-screening program, as described below, and agree to drug testing with reasonable cause. Failure to consent to "reasonable cause" drug screening, as stipulated on the form, will be cause for expulsion from the team.

A member of the Athletic Department staff who has a suspicion of substance abuse by a student-athlete may request that the individual be screened. The student-athletes chosen for "reasonable cause" screening will be notified in writing of the reason(s) substance abuse is suspected. Consequences for a positive "reasonable cause" drug screen will be treated in accordance with college procedure and outlined in the Student Handbook and Athletic Department Manual.

"Reasonable Cause" screening may be warranted but not limited to the following conditions:

1. Unexplainable incoherent behavior during practice, games, or travel
2. Repeated tardiness and/or absenteeism from class
3. Repeated tardiness and/or absenteeism from athletic activities
4. Drug-related odors on the person, clothing and/or equipment
5. Sudden, unexplainable drop in academic performance
6. Sudden, unexplainable drop in athletic performance
7. Previous positive drug screen result
8. Being cited for or convicted of a substance abuse violation by College or civil authorities

Date: _____ Sport: _____

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Signature of Student-Athlete: _____

Signature of Parent/Guardian (if student is a minor): _____



Medical Authorization

Permission is hereby granted to the Montreat College Athletic Department to proceed with any medical or minor surgical treatment, X-Ray, examination and/or immunization deemed necessary for the well-being of the below named student-athlete.

We understand that in the event of serious injury or illness, the attending physician or anyone he/she designated, will make every attempt to contact me in the most expedient manner possible. If unable to contact me, permission is hereby granted for treatment or procedures deemed necessary for the well-being of the below named student-athlete.

While participating in athletics at Montreat College, we expressly authorize all physicians and/or medical facilities who render treatment to the below named student-athlete to release copies of their records to the Montreat College Athletic Department and its insurance carrier to endure proper follow-up treatment and expedition of insurance coverage.

A photocopy of this authorization shall be considered as effective and valid as the original.

Acknowledgement of Risk

We hereby, acknowledge awareness that participation in intercollegiate athletics (Volleyball, Basketball, Baseball, Softball, Soccer, Golf, Tennis, Cross Country, Lacrosse, Track & Field) involves risk of injury. We also understand that due to the competitive nature of athletics, injuries may occur that can result in serious physical disability, paralysis, permanent mental disability and even death.

We have read this statement and understand the potential risk involved with participation in intercollegiate athletics.

Athlete's Name: _____ SS #: _____

Athlete's Signature: _____ Date: _____

Parent / Guardian Signature (if athlete is under the age of 18):

_____ Date: _____

*****IF ANY INJURY OCCURS WHILE PARTICIPATING IN ATHLETICS AT MONTREAT COLLEGE AN INJURY FORM MUST BE FILLED OUT BY THE HEAD ATHLETIC TRAINER FOR INSURANCE FILING PROCEDURES.**



Montreat College Athletic Policy Regarding Athletic Related Injuries

As a member of any of Montreat College's athletic sports teams, I recognize the risk of an athletic injury. It is Montreat college athletic policy to require each student athlete to carry primary insurance; thus, student athletes must provide a copy of their valid insurance card prior to the start of the season.

Montreat College graciously provides a secondary insurance policy to assist with coverage beyond the student's primary coverage. However, if both insurances do NOT cover the entirety of a student's medical bill(s), the student athlete will be held responsible for the remaining balance. Montreat College will NOT be held responsible for any of the remaining balance of a sport related injury.

Student Athlete Name (PRINT)

Date

Student Athlete Signature



Montreat College Athlete Contact Information

Name: _____ Year in School: _____

Cell Phone Number: _____

School Mailing Address: _____

School Email: _____

In Case of Emergency Call:

Name: _____

Relationship to you: _____

Contact Number: _____

Primary Insurance:

(Paste Copy Here):