



# BOURGEOIS MEDICAL CLINIC

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**OCCUPATIONAL AND  
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## **Student's Information: Please print clearly.**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Social Security or School ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport(s): Football / Swim / Cheer / Dance / Soccer / Volleyball / Cross Country / Basketball / Softball / Track / Baseball / Tennis / Golf / Bowling / Gymnastics / Other: \_\_\_\_\_

## **Student's Consent: Please read carefully.**

*"I, the above named student, authorize the St. Mary Parish School Board to conduct tests on urine specimens which I will provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such tests to the St. Mary Parish School Board through its agents (the Superintendent and/or his designees) and to my parents and/or guardian."*

*"If I am or have been taking prescription medications, I acknowledge that I may provide verification (either by a copy of the prescription or by doctor's authorization) prior to being tested. I am aware this requested information concerning prescription medication is voluntary and shall be provided in a sealed envelope, and contents thereof will only be used by the testing agency if needed."*

*"I am fully aware of the St. Mary Parish School Board Policy on drug and alcohol test use and also the additional rules set forth by my school's athletic department. I understand that should I violate these rules, I am subject to severe penalties including loss of athletic privileges."*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Printed Name: \_\_\_\_\_

## **Parent's Consent: Please read carefully.**

*"I have read the St. Mary Parish's Interscholastic Athletics Drug Testing Policy and understand the rules and regulations. By my signature below, I hereby give consent to Bourgeois Medical Clinic for drug screen and/or alcohol testing to the above named student, following the St. Mary Parish's Interscholastic Athletic Drug Program. I understand that the student's sample will be tested for the presence of prohibited non-prescription drugs and/or alcohol. I understand that the results will be reported directly to the St. Mary Parish School Board to be used as they see fit."*

*"Consenting to and understanding the above, I hereby release Bourgeois Medical Clinic, its testing personnel, agents, contractors, and associated physicians and St. Mary Parish School Board from any liability whatsoever associated with the collection, testing, result reporting and use of those results."*

*"I also understand that the urine and/or alcohol test is a "screening" test and that a separate "confirmation" will be performed if necessary."*

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Printed Name: \_\_\_\_\_