

Dear Student and Parent,

The _____ High School Athletic Department will participate in the MISD drug-testing program for varsity athletes at during the 2011-2012 school year. The **MISD Drug Testing Program** is available online at www.mesquiteisd.org. All athletes that participate on varsity athletic teams will be subject to the policies and procedures of this program, and you must have a signed consent form on file before you can participate in a varsity game. **By signing this form you acknowledge that you have received the information and consent to being tested.**

If you have any questions concerning the drug testing program, you may contact the campus athletic coordinator or head athletic trainer.

Athlete's Name (print) _____

Athlete's Signature _____

Parent's Name (print) _____

Parent's Signature _____

Date: _____