



# BRYANT

PUBLIC SCHOOLS

## CHEMICAL SCREENING CONSENT

I/WE \_\_\_\_\_ and \_\_\_\_\_ the parents of \_\_\_\_\_ do hereby consent to the policy of the Bryant School District regarding chemical screen tests for participants in the Bryant School District Athletic program. I/We agree to abide by and comply with this policy as a condition to our child's participation in athletics in the Bryant School District.

I, \_\_\_\_\_ a student in Bryant School District who participates in athletics at Bryant Junior High School/Bryant High School, do hereby Consent to abide by and comply with, the chemical screen test policy of the Bryant School District.

\_\_\_\_\_  
Student Parent/Guardian

\_\_\_\_\_  
Date Parent/Guardian

### WARNING AND PERMISSION STATEMENT

\_\_\_\_\_  
STUDENT'S NAME PARENT/GUARDIAN

\_\_\_\_\_  
NAME ADDRESS HOMEPHONE WORKPHONE

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
STUDENT'S BIRTHDAY GRADE AGE

\_\_\_\_\_  
NAME OF FAMILY PHYSICIAN PHYSICIAN'S PHONE NUMBER

I/WE give our permission for our son/daughter to participate in organized junior high/high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death. **BY SIGNING THIS PAGE, YOU ARE SAYING THAT YOU HAVE READ THE ATHLETIC HANDBOOK AND AGREE TO ABIDE BY IT.** All the disciplinary actions are in addition to the school student handbook.

\_\_\_\_\_  
Signature of Parent/Guardian Date