

**Drug Testing Consent Form—University of Minnesota, Morris**

I understand the use of banned substances has the potential to cause physical harm to myself and/or my teammates and as a condition of my participation in intercollegiate athletics at the University of Minnesota, Morris, I, \_\_\_\_\_, agree to allow the University of Minnesota, Morris Athletic Department to conduct drug screening as outlined by departmental policy.

I understand that a witnessed collection of a urine sample may occur and will be screened in my presence for those substances identified by the NCAA as banned. If the drug screen is positive, the urine sample may be sent to an outside laboratory for confirmation via gas chromatography.

I understand that notification of testing will be given in writing, accommodating my academic schedule, a minimum of 12 hours before screening is to occur. I further understand that failure to appear at the designated time and place will be treated as a positive drug test.

The results of all drug screenings and confirmatory tests are confidential and will be made known to the Student-Athlete, Head Coach, Athletic Director, Chancellor, Team Physician, and Head Athletic Trainer.

\_\_\_\_\_  
Student-Athlete                      Date

\_\_\_\_\_  
Witness                                      Date

\_\_\_\_\_  
SS#    DOB

**UNIVERSITY OF MINNESOTA, MORRIS  
EMERGENCY CONTACT and INSURANCE INFORMATION**

Athlete Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sport \_\_\_\_\_

SSN \_\_\_\_\_

Academic Year \_\_\_\_\_

The Acknowledgement of Insurance Requirements must be read and understood and this form completed **PRIOR** to the student-athlete participating in practice and/or competition.

---

---

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

---

---

Policy Holder Name \_\_\_\_\_

Relationship to Student-Athlete \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

Insurance Company Name \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Group # \_\_\_\_\_

I.D. # \_\_\_\_\_

Effective Date Of Policy \_\_\_\_\_

Expiration Date \_\_\_\_\_

Primary Physician \_\_\_\_\_

Office Number \_\_\_\_\_

Policy Limit \_\_\_\_\_

Policy Deductible \_\_\_\_\_

Policy Co-Pay \_\_\_\_\_

Does the policy cover athletically-related injuries? \_\_\_\_\_

---

---

**I have read and agree to comply with the provisions of the Acknowledgement of Insurance Requirements.**

Parent/Guardian Signature and Date \_\_\_\_\_

Student-Athlete Signature and Date \_\_\_\_\_

Return To:

Mr. Raymond Bowman  
University of Minnesota, Morris  
Physical Education Center  
600 E. 4th Street  
Morris, MN 56267

**UNIVERSITY OF MINNESOTA, MORRIS  
EMERGENCY CONTACT and INSURANCE INFORMATION**

It is understood that although the athlete wears protective equipment whenever needed, the possibility of accident still remains. Neither the University of Minnesota, Morris, nor its athletic trainers assume and responsibility in the event of an accident. In consideration of the above named student being permitted to participate in \_\_\_\_\_ (sport[s]). I hereby release the above named institution and its employees and athletic trainers, together with all persons, both employees and volunteers from all liability and responsibility in connection with such activity.

I further agree to indemnify and hold harmless said parties from all claims hereafter made and asserted by or on behalf of the above-named student, his or her parents, guardian(s), heirs, executors, or assigns.

I \_\_\_\_\_ do \_\_\_\_\_ don't authorize any physician to release confidential information to the athletic trainer involved concerning any injury or illness that affects my ability to engage in practice and/or competition at the University of Minnesota, Morris.

I \_\_\_\_\_ do \_\_\_\_\_ don't authorize the team physician and/or athletic trainers to release confidential information pertaining to athletic injuries to my parent(s) or guardian(s).

I \_\_\_\_\_ do \_\_\_\_\_ don't authorize the athletic trainer to release confidential information pertaining to athletic injuries to the coaching staff at the University of Minnesota, Morris.

By: \_\_\_\_\_

Student Athlete

\_\_\_\_\_

Date

Morris Address: \_\_\_\_\_

Morris Telephone: \_\_\_\_\_

**You should keep a copy of these documents for your own records**