

Parent and Student Agreement/Acknowledgement Form Performance-Enhancing Substance Testing Policy

- Illinois state law prohibits possessing, dispensing, delivering or administering a steroid in a manner not allowed by state law.
- Illinois state law also provides that body building, muscle enhancement or the increase in muscle bulk or strength through the use of a steroid by a person who is in good health is not a valid medical purpose.
- Illinois state law requires that only a licensed practitioner with prescriptive authority may prescribe a steroid for a person.
- Any violation of state law concerning steroids is a criminal offense punishable by confinement in jail or imprisonment in the Illinois Department of Corrections.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

As a prerequisite to participation in IHSA athletic activities, I agree that I will not use performance-enhancing substances as defined in the IHSA Performance-Enhancing Substance Testing Program Protocol. I have read this form and understand that I may be asked to submit to testing for the presence of performance-enhancing substances in my body, and I do hereby agree to submit to such testing and analysis by a certified laboratory. I understand that testing may occur during selected IHSA state series events or during the school day. I further understand and agree that the results of the performance-enhancing substance testing may be provided to certain individuals in my high school as specified in the IHSA Performance-Enhancing Substance Testing Program Protocol which is available on the IHSA website at www.IHSA.org. I understand and agree that the results of the performance-enhancing substance testing will be held confidential to the extent required by law. I understand that failure to provide accurate and truthful information could subject me to penalties as determined by IHSA.

Student Name (Print): _____ Grade (9-12) _____

Student Signature:	Date:
PARENT/GUARDIAN CERTIFICATION AND ACKNOWLI	EDGEMENT
As a prerequisite to participation by my student in IHSA athletic have read this form and understand that my student must refra use and may be asked to submit to testing for the presence his/her body. I understand that testing may occur during select school day. I do hereby agree to submit my child to such testin further understand and agree that the results of the performa provided to certain individuals in my student's high school Enhancing Substance Testing Program Protocol which is www.IHSA.org. I understand and agree that the results of the will be held confidential to the extent required by law. I under truthful information could subject my student to penalties as determined.	in from performance-enhancing substances of performance-enhancing substances in the IHSA state series events or during the ing and analysis by a certified laboratory. Ince-enhancing substance testing may be as specified in the IHSA Performance is available on the IHSA website a performance-enhancing substance testing stand that failure to provide accurate and
Name (Print):	
Signature:	Date:
Relationship to student:	