

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 ACKNO	OWLEDGEMENT
As a prerequisite to participation by my student in IHSA a have read this form and understand that my student must use and may be asked to submit to testing for the preshis/her body. I understand that testing may occur during school day. I do hereby agree to submit my child to such further understand and agree that the results of the perprovided to certain individuals in my student's high scenhancing Substance Testing Program Protocol whoww.IHSA.org. I understand and agree that the results owill be held confidential to the extent required by law. I attruthful information could subject my student to penalties a	refrain from performance-enhancing substance sence of performance-enhancing substances in selected IHSA state series events or during the a testing and analysis by a certified laboratory. I formance-enhancing substance testing may be chool as specified in the IHSA Performance-nich is available on the IHSA website at a f the performance-enhancing substance testing understand that failure to provide accurate and
Name (Print):	
Signature:	Date:
Relationship to student:	