

Speedway High School Athletic Department

Barry Gardner - Athletic Director - Cell Phone: 513-3581

5357 West 25th St.

Speedway, In 46224

(317) 486-4841

ATHLETIC DEPARTMENT TRANSPORTATION PERMISSION SLIP

I give _____ permission to travel by bus or adult driver to away
athletic events. I understand the team will travel to and from the athletic event. I am
relieving Speedway High School and all parties associated with Speedway Town Schools
of any liability while at these events. My signature below indicates I understand and
approve of my son's/daughter's participation.

Signature of parent or guardian: _____

SPEEDWAY HIGH SCHOOL ATHLETIC DEPARTMENT MEDICAL EMERGENCY FORM

ATHLETE'S NAME _____

PARENT/GUARDIAN'S NAME _____

HOME PHONE _____

BUSINESS PHONE (F) _____

BUSINESS PHONE (M) _____

PAGER/CELL PHONE _____

Emergency Contact Person (if parent/guardian cannot be reached):

NAME _____

HOME PHONE _____

BUSINESS PHONE _____

If emergency treatment is required, may the school authorities use their judgement in sending the athlete to the hospital or doctor most easily accessible if parents/guardians cannot be contacted?

☐ Yes ☐ No

Does the athlete have any special medical problems or allergic reaction to any medications?

☐ Yes ☐ No If yes, please explain:

PARENT/GUARDIAN'S SIGNATURE

SPEEDWAY HIGH SCHOOL ATHLETIC DEPARTMENT MEDICAL EMERGENCY FORM

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☐ Yes ☐ No

Does the athlete have any special medical problems or allergic reaction to any medications?

☐ Yes ☐ No If yes, please explain:

PARENT/GUARDIAN'S SIGNATURE

**Speedway High School
Random Drug and Alcohol Testing Program
Consent Form**

In the interest of the safety of our students, the School Town of Speedway has adopted this random drug and alcohol testing policy. The policy requires that students participating in extra-curricular and co-curricular activities and student drivers be subject to random drug and alcohol screening tests. A copy of this policy is attached to this form. Please read it carefully and retain it for your records. A student will not be allowed to participate in extra-curricular or co-curricular activities or drive to or from school or a school related activity until this form is signed and on file with the school.

I, _____ (Name of Student) have read and understand the Speedway High School Random Drug and Alcohol Testing Policy. I desire to participate in this program and hereby voluntarily agree to be subjected to its terms. I accept the method of obtaining samples, testing and analyses of such specimen, and all other aspects of the program. I agree to cooperate in furnishing specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for in this program. This consent is given pursuant to all State and Federal privacy Statutes and is a waiver of right to non-disclosure of such test records and results only to the extent of disclosure authorized in this program.

Student Signature – Grade

Date

Parent/Guardian Signature

Date

-----DO NOT SEPARATE-----

I, _____, have decided **NOT** to participate in the Speedway High School Random Drug and Alcohol Testing Policy. I understand that in order for me to drive to school or participate in extra-curricular activities during this school year that I must submit a negative drug screen at my own expense. Also, I must enroll in the Speedway High School Random Drug and Alcohol Testing Program.

Student Signature – Grade

Date

Parent/Guardian Signature

Date

Violations of this policy by a Speedway High School student are cumulative during the student's time at Speedway High School.