

**Loyola University New Orleans
Athletic Department
Student-Athlete
Drug Test Notification Form**

Dear _____,

You have been selected to undergo a drug and alcohol testing procedure by the Loyola university New Orleans Athletic Department in accordance with the drug and alcohol testing policy as described in the "Drug Abuse and Testing Policy" in the Wolfpack Student-Athlete Handbook. You are to report to the Loyola Athletic Trainer at the time requested and give either a urine or saliva sample, whichever the tester requests.

By signing the "Acknowledgement and Consent Form" before you initiated participation in your sport, you consented to abide by this notification and report as requested. If you fail to comply with this request, you will be afforded sanctions as if the test results were positive.

Presented to,

_____ on ____/____/____ at ____:____ a.m./p.m.
(Student- Athlete) (Date) (Time)

Dr. Michael Giorlando
Athletic Director

Head Coach (Sport)

For Office Use

Athlete Name: _____ Sport: _____

Trainer: _____ Date: _____ Time: _____

PROTOCOL FOR STUDENT-ATHLETE DRUG TESTING

1. Student-Athlete will receive one form:

- Loyola University New Orleans drug test notification

2. Upon notification the student-athlete must undergo testing by Loyola Athletic Trainer by the end of the day.

3. Upon completion of the test the trainer will retain and return to Dr. Michael Giorlando or Kellie Kennedy.

All results are confidential. Pending the results of the test, the drug policy sanctions for the Athletic Department and/or the University could be applicable.

Revised: 8/18/09

Approved:

Dr. Michael Giorlando

Director of Athletics & Wellness

DRUG USE AND TESTING POLICY ACKNOWLEDGEMENT AND CONSENT FORM

I acknowledge that I have received and read the Loyola University New Orleans Student-Athlete Handbook which contains the Drug Use and Testing Policy of the Loyola University Athletic Department. I have read and understand the policy. I further understand that the *policy* may be amended from time to time, with or without notice, in the sole discretion of the Loyola University Athletic Department. I also understand that pursuant to the *policy*, I may be required to submit to a drug and alcohol test at any time.

Student-Athlete's Name (Please Print)

Date

Student-Athlete's signature

Social Security Number

Sport