

**CONSENT FOR MEDICAL TREATMENT AND DRUG TESTING  
MSK Group, P.C. on Behalf of St. Agnes Academy-St. Dominic School (the "School")**

This authorization/consent will allow MSK Group, P.C. ("MSK") health care providers to facilitate drug testing of all students on behalf of the School and also to provide students with medical services and treatment on behalf of the School as set forth below.

**Consent for Drug Testing Procedures for All School Students**

I \_\_\_\_\_ (please print student's name) acknowledge that MSK, its Athletic Trainers, employees and staff (or their designee) are authorized representatives of the School to facilitate drug and/or alcohol testing, including collecting of a hair, urine, fingernail or saliva sample for testing purposes, on the above named student, and I hereby grant permission and consent to MSK, its Athletic Trainers, employees and staff (or their designee) to collect a hair, urine, fingernail or saliva sample from the above named student for purposes of drug and/or alcohol testing.

**Consent for Medical Treatment**

I \_\_\_\_\_ (please print student's name) hereby authorize MSK, its Athletic Trainers, employees and staff (or their designee) to render any and all medical evaluation and/or treatment, including without limitation, the use of necessary x-rays, injections, casting, bracing, or other diagnostic tests, during my participation in activities with the School or due to any injury that I may sustain while on School premises or incurred during my participation in School-related events. I further authorize MSK, its Athletic Trainers, employees and staff (or their designee) to render any necessary follow-up medical evaluation and/or treatment, including without limitation, the use of x-rays, injections, casting, bracing or other diagnostic tests, performed at MSK or any of its affiliated clinics.

**SIGNATURE OF STUDENT:**

*Expiration: This consent will expire upon the later of the student's graduation or the completion of the student's participation in School-related events.*

*Signatures: All students must sign this consent. If the student is under 18 years of age at the time of signature, a parent or legal guardian must sign this authorization/consent as well. By signing this consent, the student understands that it will continue to be in effect upon the student turning 18 years of age.*

I, \_\_\_\_\_, parent and/or legal guardian of \_\_\_\_\_, student, acknowledge that I am authorized to provide my consent and by signing this form provide my authorization and consent for the drug testing and medical treatment of the above named student for the limited purposes described above.

DATE: \_\_\_\_\_

Please Print Signatory's Name: \_\_\_\_\_

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

Relationship to Student (if Student is under 18 years of age): \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Please Print Student's Name: \_\_\_\_\_