

TO: Student Athletes and Parents/Legal Guardians of Stetson University Student-Athletes

FROM: Glenn Brickley, MA, ATC, LAT, Director of Sports Medicine

RE: Health Insurance Coverage Information, University provided Athletic Sports Accident Insurance and Release of Information

An Athletic Sports Accident Insurance policy is provided by our institution as an added benefit for our student-athletes to help cover Intercollegiate Sports Accidents. This type of policy is applicable as “excess” coverage only. Under terms of the policy, the Athletic Sports Accident coverage is applied as a secondary payer to all other valid and collectible health insurance policies, such as your personal health coverage.

The Intercollegiate Sports Accident policy will apply to sports-related injuries that occur during official intercollegiate athletic team practice, competitions or approved athletic activities. Coverage also applies to injuries related to intercollegiate travel to and from off-site practices and/or competitions while traveling in a University approved vehicle. The Intercollegiate Sports Accident policy will provide payment for intercollegiate injury-related medical expenses that your primary health insurance company does not provide coverage for; pending Athletic Sports Medicine staff approval and submission of all required insurance, injury and medical documentation to the insurance carrier as per their claim processes.

In an effort to coordinate all appropriate medical care needed for an intercollegiate sports injury in conjunction with all applicable insurance coverages; the Stetson Sports Medicine staff will need to obtain certain personal and insurance information to provide to the medical providers. The Sports Medicine staff will also need to obtain certain medical information to provide to the insurance companies for appropriate claims processing.

Therefore, it is necessary to obtain your current health insurance information to share with medical providers, as well as a release of information concerning any necessary medical records (past or present), as may be needed by insurance or medical providers and the Stetson Sports Medicine staff for claims reporting and/or for injury assessment and appropriate treatment and activity plan.

Attached is the Insurance Information and medical records release form.

Please complete this form to include all insurance coverage questions, then sign, date, and return it as soon as possible. You may need to contact your insurance provider to answer all coverage questions noted on the form. **This form must be completed even if you have no health insurance coverage** (please note ‘no coverage’ where indicated on the form).

The information on this form is important in order to obtain appropriate medical treatment for student-athletes. Please complete and return these forms AS SOON AS POSSIBLE in order to proceed with timely processing for a physical examination **and for obtaining clearance for participation in intercollegiate athletics**.

NOTE: Should your insurance information change, or if your policy become cancelled or lapses for any reason, it is the student-athlete and/or parent’s responsibility to notify the Sports Medicine Staff immediately. Lack of coverage or changes in coverage can affect which medical providers may be used for sports injuries and what coverage will apply to the medical costs.(to include the University’s Athletic Sports policy) Notification of any insurance changes or lapses beforehand can avoid incurring unnecessary out of pocket medical expenses.

FAILURE TO RETURN THIS COMPLETED FORM MAY RESULT IN DELAY OF CLEARANCE FOR INTERCOLLEGIATE ATHLETIC PARTICIPATION. MISSING OR INCORRECT INFORMATION COULD RESULT IN MEDICAL TREATMENT COVERAGE ISSUES AND ADDITIONAL MEDICAL EXPENSES FOR THE STUDENT ATHLETE. STETSON UNIVERSITY AND ITS ATHLETIC STAFF SHALL NOT BE FINANCIALLY RESPONSIBLE FOR MEDICAL COSTS RESULTING FROM MISSING/INCORRECT INFORMATION.

****Also please remember to upload a copy of Insurance Card(s) to SportsWare Online – Upon completing the Insurance information under the “My Info” tab of SportsWare online, please attach a front and back scan/picture of your primary health insurance, dental, and/or prescription discount cards, etc.****



INSURANCE VERIFICATION/AUTHORIZATION FORM

Reviewed by: _____

Date: _____

Please complete all information on this form. You may need to consult with your insurance company to verify insurance benefits and questions.

Student-Athlete Name: _____ DOB: _____ SSN: _____

Home Address: _____ Phone: _____

Parent/Guardian (1) Name: _____ DOB: _____ SSN: _____

Home Address: _____ Phone: _____

Employer: _____ Work Address: _____

Parent/Guardian (2) Name: _____ DOB: _____ SSN: _____

Home Address: _____ Phone: _____

Employer: _____ Work Address: _____

Primary Insurance Company: _____ Policy Holder Name: _____

Claims Address: _____ Phone: _____

Policy/Member ID # _____ Group #: _____

Insurance Type: HMO/PPO/POS/Medicaid/Other: _____ Effective Date: _____ Termination Date: _____

1. Does my insurance cover intercollegiate athletic injuries? ☐ Yes ☐ No
2. Do I need a referral from my primary care physician for office visits to specialists? ☐ Yes ☐ No
3. Do I need an authorization/precertification for diagnostic medical testing (i.e. X-rays, MRI, Bone Scan, CT Scans, Labs)? ☐ Yes ☐ No
4. Do I have out-of-network benefits? ☐ Yes ☐ No
5. Am I required to assign a primary care physician while at school in Deland, Florida? ☐ Yes ☐ No
6. Are any of the following providers in my network? Please check all that apply:
☐ Dr. Bruce Rankin (386)740-7080 ☐ Dr. Rainer Chan (386)822-8150 ☐ Dr. John Hill (386)774-0016 ☐ None of these

If the above providers are **not** in network with your insurance, what primary care providers in Deland are participating providers?

Physician Name/Contact Information _____

7. Is there a deductible on my insurance plan? ☐ Yes ☐ No If YES, how much? _____

I certify that the forgoing information and answers are true and complete to the best of my knowledge and belief.

Insurance Coverage Changes: I understand that it is my responsibility to advise the Stetson Sports Medicine Staff of any health insurance coverage changes or lapses in order to obtain appropriate medical providers for a sports injury and for authorization under the University's Sports Accident policy if/when necessary should health insurance coverage be dropped. Failure to do so may result in unnecessary out of pocket medical expenses.

Personal Info/Insurance Information Release: I hereby authorize the Stetson University Athletic Department to share the above personal and insurance information with medical providers and insurance companies as needed in conjunction with obtaining appropriate medical providers for treatment of an athletic injury or emergency medical treatment and/or for filing a claim for an intercollegiate sports injury.

Medical Records Authorization: I also authorize Stetson University and its staff, and their Athletic Insurance carrier to inspect, share or obtain copies of medical records in conjunction with a sports related injury including, but not limited to: explanation of benefits, case history records, laboratory reports, diagnosis, physician treatment/medical notes, diagnostic testing results, any other pertinent data and insurance/billing information concerning a current sports injury or previous injuries, confinements and/or disabilities as may be needed for sports activities assessments, treatment plans or for athletic sports injury insurance claims processing. A photocopy of this authorization shall be deemed as effective and valid as the original.

Student-Athlete Signature

Date

Parent/Legal Guardian Signature (Required if student under age 18)

Date

STETSON UNIVERSITY SPORTS MEDICINE
RETURNING STUDENT-ATHLETE HEALTH EVALUATION

Name: _____ Sport: _____ Sex: ☐ Male ☐ Female
Date of Birth: _____ Student ID#: _____ Year in School: _____
Campus/Dorm Address: _____ Campus Mailbox: _____
Cell Phone Number: _____ E-Mail Address: _____

Parent or Guardian to notify in case of emergency:

Name: _____ Relationship: _____
Street Address: _____ Home Phone: _____
City, State, Zip: _____ Work/Cell Phone: _____

Please indicate any new injuries/ illnesses that you have had ***since your last physical examination or exit screening*** at Stetson University. Be sure to distinguish between Right and Left extremities. Also, be sure to indicate the type of injury that occurred to each body part. If you saw a physician for any reason, please get any physician's notes and diagnostic images (i.e. x-rays, MRIs, etc.) sent to Stetson University.

BODY PART	SIDE		INJURY				SEVERITY		
Head	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Concussion	<input type="radio"/> Fracture	<input type="radio"/> Migraine		<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Neck	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Back	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Shoulder	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Elbow	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Hand/Wrist	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Hip	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Thigh	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Knee	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Ankle	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe
Foot	<input type="radio"/> Left	<input type="radio"/> Right	<input type="radio"/> Sprain	<input type="radio"/> Strain	<input type="radio"/> Fracture	<input type="radio"/> Dislocation	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe

VISION

YES NO

- ☐ ☐ Do you wear contacts?
If yes, please submit copy of updated prescription.
- ☐ ☐ Do you wear glasses?
If yes, please submit copy of updated prescription.
- ☐ ☐ Have you had any difficulty with excessive watering?
If yes, please explain: _____
- ☐ ☐ Have you had any difficulty with blurred vision?
If yes, please explain: _____
- ☐ ☐ Have you had any difficulty with burning?
If yes, please explain: _____

Please list any other injuries/ illnesses not mentioned on side one of this form that have occurred since your last physical examination/health appraisal at Stetson University.

1. _____
2. _____
3. _____
4. _____

YES NO

- ☐ ☐ 1. Have you received treatment from a family physician or specialist since your last physical exam?
If yes, for what injury/illness?: _____
What is your current status?: _____
- ☐ ☐ 2. Have you been hospitalized since your last physical exam?
If yes, for what injury/illness?: _____
What is your current status?: _____
- ☐ ☐ 3. Have you been prescribed any new medications since your last physical exam?
If yes, what are you taking?: _____
What was the reason?: _____

Gynecological History (for Female Athletes Only!)

YES NO

- ☐ ☐ 1. Have you ever had a gynecological examination
If yes, date of last exam: _____
- ☐ ☐ 2. Are you currently taking any prescription contraceptive? (oral, transdermal, etc.)
If yes, please provide your current prescription: _____
- ☐ ☐ 3. Have you had any changes in your gynecological history since your last physical examination or health appraisal?
If yes, please explain: _____
4. Date of last period: _____

The information provided is a complete history of the injuries and illnesses, which I have sustained since my last physical examination/health appraisal at Stetson University. I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentations, omissions of facts or incomplete information will absolve the Stetson University Department of Athletics of any responsibility for my subsequent medical care regarding any such predisposing conditions.

Student-Athlete Signature

Date

For Sports Medicine Staff Use ONLY

Reviewed By

Evaluated By

Date

Date



STETSON
UNIVERSITY

INTERCOLLEGIATE ATHLETICS
421 N. Woodland Blvd., Unit 8359
DeLand, FL 32723
Office: (386) 822-8100
Fax: (386) 822-7510

Spring 2017

Dear Parents/Guardians:

The purpose of this letter is to inform you that the Stetson University Drug Testing Program will be continued for the 33rd year. As per last year, all Stetson University intercollegiate student-athletes will be screened for use of illegal chemicals and the abuse of any legal chemical. The cheerleading squad will be included in the drug screening program as well.

This program was developed out of a growing concern for the health and safety of our student-athletes as well as an overwhelming increase in the amount of chemical use and abuse, which is present in our society. This program is designed to help our student-athletes and not to punish them. The program will also give the student-athlete one more reason to say "NO" to chemical use and abuse, thus reducing peer pressure. Results of last year's testing were very favorable.

Enclosed please find a copy of the program for your review. The program has already been presented and explained to your son or daughter. Your son's or daughter's signature signifies their reviewing and acceptance of the drug screening program. Upon reviewing the program, we ask that you sign the same form and return via Docu-Sign. We need to have this document on file in our office as soon as possible.

If you have any questions or comments, please feel free to contact our Director of Sports Medicine, Glenn Brickey, at any time, (386) 822-8112 or (386) 822-8100.

I firmly believe that this program decreases the amount of peer pressure placed on our student-athletes and allows them to make a more individual decision in regards to the use or abuse of chemical substances.

Thank you for your cooperation.

Sincerely,

Jeffrey P. Altier
Director of Athletics

2017-2018 Stetson University Intercollegiate Athletic Drug Screening Program

I. General

The Stetson Intercollegiate Athletic Drug Screening Program (Program) is separate and distinct from the NCAA drug testing program (a copy of which is on file in the Sports Medicine Department and the Athletic Directors office. An additional copy is also available online for your review).

A) Philosophy

The Stetson Athletic Department condemns the use of any illegal chemicals and the abuse of any legal chemicals that endanger the safety of student-athletes. If drug use can be deterred for four years, hopefully, our student-athletes will carry a “drug-free” atmosphere away with them when they graduate. The Program is put in place to benefit everyone connected with intercollegiate athletics at Stetson, and it is designed to make Stetson student-athletes better informed to make intelligent decisions with reference to drug use.

B) Program Objectives

- Protect the health and welfare of all Stetson University student-athletes competing in intercollegiate athletics
- Identify any student-athletes that may be using drugs and to identify the drug.
- Educate student-athletes as to the effect(s) such drug use may have on the athlete and his/her team.
- Address and treat any chronic dependency.
- Provide reasonable safeguards that every student-athlete is medically competent to participate in athletic competition.

II. Program Implementation

- A pre-enrollment email will be forwarded to you outlining the drug testing policy and screening process.
- A presentation will be made at the beginning of the academic year to all intercollegiate student-athletes to outline and review the Program, its purposes and implementation.
- A copy of the Program will be given to each first year student-athlete in the Student Athlete Handbook, and a copy of the Program will also be mailed to the parent(s) or legal guardian(s) of any student-athlete who is under 18 years of age. The Program is also available on line for viewing on the Athletic Department website.
- All student-athletes will then be asked to sign a form acknowledging that they have received a copy of the Program and understand what is expected of them.
- The student-athletes will then be asked to voluntarily consent to the administration of urinalysis testing and a release of testing information to the following select group of athletic personnel: the Athletic Director, the Team Physician(s), the Head Coach of the athlete's sport, the Assistant Athletic Director of Compliance, the Director of Sports Medicine, and/or the supervising team athletic trainer.

A) Failure to Cooperate

The Program is being initiated expressly to identify, assist, and educate athletes with drug related problems and is not intended to be punitive. The Program relies on voluntary cooperation from all parties involved. However, an athlete's refusal to sign the drug testing consent form or to submit a urine sample will be dealt with immediately by the Athletic Director. **A lack of cooperation on the part of the student-athlete will jeopardize his/her medical status and privilege of participating in intercollegiate athletics at Stetson University.**

B) Drug Screening

On an on-going basis, student-athletes will be subject to random drug screening. Precautions will be made to assure the randomness of the testing. Stetson University, through its Athletic Department, reserves the right to test any athlete at any time. Student-athletes will be notified prior to the drug screening as specified in the "Drug Screening Protocol." The drug screening shall consist of the collection of a urine sample from the athlete under the supervision of the Team Physician(s), clinical laboratory technicians, or a full-time athletic trainer. **Any scheduled drug screening that is missed by a student-athlete will be considered a positive test and will carry the same ramifications.** Student-athletes unable to void at the time of the test will be required to remain at the testing area until a sample can be obtained. Each urine sample shall be analyzed for the presence of the following drugs: *Amphetamines, Barbiturates, Cocaine, Opiates, Morphine, Codeine, Tetrahydrocannabinol (THC or Marijuana) and any other drugs that may be added to the list at any time as deemed necessary by the sports medicine staff.* Other common screenings include, but are not limited to performance enhancing drugs, diuretics, stimulants for learning disabilities, etc.

i) Drug Screening Protocol

- All test selections will be random. The Athletics Department will determine whether random selections are made by sport, sex, or general selection. *Note: Exception is that two (2) student athletes should always be repeat tested from the most recent prior test. The two student-athletes being repeat tested will be randomly selected from the previously selected testing population.*
- The Assistant Athletic Director of Compliance or the Director of Sports Medicine will alert those student-athletes randomly selected, along with the Athletic Director, of the time and place the sample collection will take place. This notification will take place anywhere from immediately prior to the test to a maximum of 24 hours before the test. Unique circumstances may result in modifications of this notification timeline.
- The student-athlete will report to the specified testing site at the specified time.
- The student-athlete will be asked to sign and date a drug-testing consent form to confirm the student-athletes participation in the institutional drug testing program.
- The signing of the institutional consent form will be witnessed by a full-time athletic trainer and signed accordingly.
- The student-athlete will select a specimen sample sheet with their random number on it and asked to note any medications they may be currently taking. This information will remain confidential among the Team Physicians and Sports Medicine staff.

- The student-athlete will be directed to the sample collection area.
- The certified laboratory technician or full-time athletic trainer will take the specimen sample sheet and have the student-athlete select a random specimen cup.
- The student-athlete will be asked to wear a minimal amount of clothing and demonstrate that no items are being taken into the drug screening area. The student-athlete will then prepare to provide the urine sample.
- In the event a blood sample is required, clothing removal will not be necessary.
- The certified laboratory technician or full-time athletic trainer will witness all sample collections (blood or urine) and take immediate possession while maintaining security of all samples.
- The chain of custody will remain with the clinical laboratory and their staff.
- All urine specimens will then be screened and all positive tests will be immediately re-tested and confirmed by GC/MS or LC/MS from the same sample at the lab.
- All confirmed positive test samples will be stored for a minimum of one year at the lab.
- The lab will provide the Director of Sports Medicine with all test results as soon as possible upon the completion of the test.

ii) Outside Agency

An outside agency contracted by the University will analyze the samples. The outside agency shall report all test results to the Director of Sports Medicine, who, in turn, will review such results to determine which, if any, of the test results are positive. This process will be completed under the supervision of the Team Physicians. Every possible step will be taken to assure and maintain the accuracy and confidentiality of the test results including the maintenance of a documented chain of specimen custody to insure the identity and integrity of the sample throughout the collection and testing process. All results reported by the laboratory will be screened by immunoassay, GC/MS, or LC/MS and confirmed by GC/MS or LC/MS. Results shall be confirmed and certified by the laboratory.

C) Positive Result (Thresholds, Procedure and Re-testing)

For purposes of the Program, a positive result shall mean a test result which indicates, in the opinion of the outside agency performing such testing, the presence of one or more of the above listed drugs (see: “Drug Screening”) in the athlete’s urine. The student-athlete will be immediately notified of a positive test result. Those who, at any time, experience a positive test can expect further screenings to be done on a consistent basis, as recommended by the substance abuse counselor and/or Team Physician(s). **After any positive test result, the student-athlete may need to submit a negative test and be approved by the Team Physician(s) prior for return to participation in intercollegiate athletics.** This requirement is in addition to the all other penalties listed below.

i) First Positive Test

After the positive result is verified and confirmed, the Director of Sports Medicine will notify the Athletic Director (A.D), the Assistant Athletic Director of Compliance, the Head Coach and the Team Physician(s) concurrently. The team athletic trainer will also be informed. The athlete will be required to attend a mandatory drug counseling assessment, which shall be arranged by the Sports Medicine staff. The drug counselor shall determine the length and manner of said counseling to best suit the student-athlete. **The student-athlete will be suspended from practice or play for a period of seven (7) consecutive days, to include a minimum of one traditional season, intercollegiate competition.** The Assistant Athletic Director of Compliance or in their absence the Director of Sports Medicine will initiate immediate contact with the student-athlete's parent(s) or legal guardian(s) and/or spouse to advise them of the positive result. Refusal to participate in the counseling program as set forth in this paragraph will be treated and handled as a SECOND positive test result.

ii) Second Positive Test

After the second positive result is verified and confirmed, the Director of Sports Medicine will notify the A.D, the Assistant A.D. of Compliance, the Head Coach, and the Team Physician(s) concurrently. The team athletic trainer will also be informed. The student athlete will be required to, as promptly as possible, participate in a conference telephone call between the athlete, his/her parent(s) or legal guardian(s), or spouse, and the Head Coach wherein the athlete advises his/her parent(s) or legal guardian(s) or spouse of the second positive test results. This phone call will be made by the Assistant Athletic Director of Compliance or in their absence by the Director of Sports Medicine. **The student athlete will be suspended from 25% of the total traditional season, regularly scheduled contests which will carry over to the next season if necessary.** The student-athlete will be required to participate in continued and further counseling as directed by the Team Physician(s)/Substance Abuse Counselor/Director of Sports Medicine. Refusal to participate as set forth in this paragraph will be treated and handled as a THIRD positive test result.

iii) Third Positive Test

After the third positive result is verified and confirmed, the Director of Sports Medicine will again notify the A.D, the Assistant Athletic Director of Compliance, the Head Coach, the Team Physician(s) concurrently. The team athletic trainer will also be notified. The parent(s), guardians or spouse will also be notified by the Assistant Athletic Director of Compliance or in their absence by the Director of Sports Medicine. At this time, it must be assumed that the student-athlete has a very serious problem and/or has made some conscious value judgments as to his/her own behavior and this must be treated very seriously. **In addition to the requirements resulting from a second positive test as set forth above, the student-athlete will be suspended from athletic participation for a minimum of one (1) calendar year. (Additionally, the student-athlete could possibly face loss of his/her financial aid for the current academic year and/or non-renewal of financial aid for the following year).** Prior to the implementation of the suspension period, the student-athlete will have an opportunity to fully discuss the matter with the A.D and present evidence of any mitigating circumstances which he/she feels important. Reinstatement of the student-athlete to athletic participation would be made only after the provision of proof of the successful completion of a certified Drug Rehabilitation Program.

III. Safe Harbor Program

Student-athletes are encouraged to voluntarily come forward to seek assistance with an alcohol or drug related problem without punitive sanctions. Requests should be made to the Director of Sports Medicine. Student-athletes who come forward will be given a request form to sign that will be kept in his/her file in the athletic training room. This program requires you to ask for “Safe Harbor” upon arrival for your first semester and prior to the first test of the academic year. This testing will begin thirty days after your team arrival (pre-season for fall sports) or thirty days from the completion of the mandatory student-athlete meeting. This will be a student-athlete’s **one and only** opportunity for “safe harbor” while participating in Stetson University athletics. Counseling is always available to assist with problems or circumstances that could lead to a positive alcohol or drug test result.

A) Effects of Safe Harbor Submission

Once you declare “Safe Harbor” a student-athlete submits to the following:

- A baseline test for drugs and/or alcohol as deemed necessary.
- Evaluation by the Stetson Counseling Center, a contracted substance abuse consultant and/or Team Physician (regardless of the test results).
- Completion of a recommended counseling/treatment plan.
- Drug/alcohol testing at a frequency recommended by your counselor or Team Physician.
- Remaining in “Safe Harbor” until released by the counselor and/or Team Physician for a period not to exceed 30 days.

Note: Student-athletes in the Safe Harbor program will not be subject to random institutional testing, but will remain eligible for drug testing by the NCAA.

B) Additional Safe Harbor Regulations (Notification)

The Athletic Director, Director of Sports Medicine, Team Physician(s) and team athletic trainer may be informed of your request for Safe Harbor. Other university officials may be informed only the extent necessary for the implementation of this policy. The Team Physician and the Director of Sports Medicine may suspend the student-athlete from all athletic participation if medically indicated. Failure to comply with any aspect of the counseling program, or any subsequent positive drug test indicating new or increased use of a banned substance will result in removal from the Safe Harbor program. The student-athlete will then be re-enrolled in the regular institutional Drug Testing Program and disciplinary action can be enforced according to Program policy.

IV. Grievance or Appeals

A) General

The Department of Athletics and its Sports Medicine staff are committed to developing and maintaining a supportive, respectful learning environment. It is recognized that grievances directed towards the Program may occur, and procedures have been established to provide a fair resolution to problems.

B) Procedure

In the event that a student-athlete is dissatisfied with a policy or decision within the Department of Athletics regarding the Program, a student-athlete must take the following steps toward resolution:

- Present his or her grievance, in writing, to the Director of Sports Medicine. The Director of Sports Medicine may consult with other sports medicine staff, including the Team Physician(s) before rendering a decision in writing to the grievant.
- If the student-athlete is dissatisfied with the decision of the Director of Sports Medicine, the student-athlete must then present the grievance, in writing, along with supporting documentation to the Athletic Director (A.D). The A.D will review the materials presented, and, at his sole discretion, may request interviews with the student-athlete and the Director of Sports Medicine. A decision regarding the grievance will be issued to the student-athlete by the A.D within seven (7) business days of receipt of the grievance and all supporting documentation.
- If the grievance involves the A.D, or if the student-athlete is not satisfied with the decision of the A.D, the student-athlete may appeal the decision to the FAR, who upon investigation of the matter, shall make recommendation for an administrative resolution to the President or Senior Vice President for Administration.
- If the student-athlete is dissatisfied with the solution(s) proposed in step 3 above, the student-athlete may choose to access the *Faculty/Staff Grievance Procedure* as outlined in “*Connections: The Campus Life Handbook.*”

STETSON UNIVERSITY INTERCOLLEGIATE DRUG TESTING PROGRAM

INFORMATION CONSENT AND RELEASE OF LIABILITY

I UNDERSTAND that according to the Stetson University policy, a copy of which I have received and reviewed, I am required to submit a sample of my urine for chemical analysis as requested by persons identified in the policy. I understand that this analysis will be conducted by qualified laboratory personnel at an independent laboratory selected by the University.

THE PURPOSE of this analysis is to determine or rule out the presence of banned drug classes in my urine as set forth in the Stetson University Drug Testing Program.

I CONSENT freely and voluntarily to any request for a urine specimen under this policy. I hereby and herewith release Stetson University, its trustees, officers, employees, agents and contractors from any liability whatsoever arising from this request to furnish this drug sample, the testing of the urine sample and any decisions made concerning my eligibility to participate in intercollegiate athletics while a student at the University based upon the results of the analysis.

I UNDERSTAND a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process.

Student-Athlete (Print)

Sport (Print)

Student- Athlete (Signature)

Witness (Signature)

Date

STETSON UNIVERSITY INTERCOLLEGIATE DRUG TESTING PROGRAM

INFORMATION CONSENT AND RELEASE OF LIABILITY

UNDER THE AGE OF 18 YEARS OLD ONLY!

I UNDERSTAND that according to the Stetson University policy, a copy of which I have received and reviewed, I am required to submit a sample of my urine for chemical analysis as requested by persons identified in the policy. I understand that this analysis will be conducted by qualified laboratory personnel at an independent laboratory selected by the University.

THE PURPOSE of this analysis is to determine or rule out the presence of banned drug classes in my urine as set forth in the Stetson University Drug Testing Program.

I CONSENT freely and voluntarily to any request for a urine specimen under this policy. I hereby and herewith release Stetson University, its trustees, officers, employees, agents and contractors from any liability whatsoever arising from this request to furnish this drug sample, the testing of the urine sample and any decisions made concerning my eligibility to participate in intercollegiate athletics while a student at the University based upon the results of the analysis.

I UNDERSTAND a documented chain of specimen custody exists to ensure the identity and integrity of my sample throughout the collection and testing process.

Student-Athlete (Print)

Sport (Print)

Student- Athlete (Signature)

Parent or Guardian Signature if
under 18 years of age

Witness (Signature)

Date

Date

AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS UNDER
THE STETSON UNIVERSITY INTERCOLLEGIATE ATHLETIC DRUG TESTING
PROGRAM

TO: Director of Sports Medicine
Stetson University
Campus Box 8317
DeLand, FL 32723

I hereby authorize you to release to those persons described in the Stetson University Intercollegiate Athletic Drug Testing Program all information and records, including test results, you may have relating to the screening or testing of my urine sample(s) in accordance with the provisions of the Program applicable to all members of Stetson University athletic teams.

I also authorize the release of such information and records to my parent(s) or legal guardian(s) in the event I am found to be in violation of the provisions of the Stetson University Intercollegiate Athletic Drug Testing Program consistent with its provisions.

I hereby waive any privilege I may have in connection therewith.

Stetson University, its Trustee, officers, employees and agents are hereby released from legal responsibility or liability for the release of such information and records.

Sport (Print)

Student-Athlete (Print)

Date

Student-Athlete (Signature)