

Appendix F

CSU Positive Drug Screen Sanctions

Student-Athlete Name _____ DOB _____

Parent or Legal Guardian Contacted? Yes _____ No (over 21 y.o.) _____

Physician/Designee Signature _____ Date _____

Counseling appointment: Date _____ Time _____

Follow Up Needed? Yes _____ No _____

Date of Next Appt. _____ Time _____

Signature of Consultant: _____

_____ has met with the Athletic Director and/or Sport Supervisor and Head Coach to discuss and review the consequences of the positive drug screen.

A.D. or Sport Supervisor Signature Date

Head Coach Signature Date

Dates of Suspension from All Team related activity: _____

Dates of Games/Meets/Matches missed: _____

Name: _____ has not participated in any way in the above listed team activity dates or games/matches/meets as a result of his/her positive drug screen.

Sports Supervisor Signature: _____ Date _____

Compliance Officer Signature: _____ Date _____