

**WRIGHT STATE UNIVERSITY
DEPARTMENT OF ATHLETICS**

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION

Patient/Student Name: _____ Date of Birth: ___/___/___

Telephone Number: _____ UID: _____

I Authorize all educational agencies, physicians, athletic trainers, hospitals, clinics, and all other health care providers:

To Release My Medical Information To:

Wright State Sports Medicine
ATTN: Jason Franklin
3640 Colonel Glenn Highway
Dayton, OH 45435

This agreement will expire 1 year from the date this Authorization is signed by me or my representative.

Purpose of Disclosure: To assist Wright State University Athletic Department coaches, strength coaches, athletic trainers, and physicians (including, but not limited to, team physicians from WSU Orthopaedic and Sports Medicine Center) in evaluating my fitness as it pertains to my ability to participate in my sport and in providing medical care to me.

Specific Authorization to Team Physician: I also specifically authorize Wright State University's team physicians to disclose my medical information to the media (including print, television, radio, and internet) but only for the purpose of informing the media of my ability to participate in my sport.

Medical Information to be Disclosed: All records pertaining to my medical condition, whether past, present or future, including all physicals, athletic trainers' records, diagnoses, treatment information, medical histories, and prognoses of any and all injuries and illnesses, from your personal knowledge and/or records.

Authorization and Direction: I hereby authorize and direct the entities listed above and their respective employees to release the designated information. I understand and acknowledge that this Authorization extends to any and all information designated above that may pertain to treatment for physical and mental illness, and/or AIDS (Acquired Immunodeficiency Syndrome), and/or that may indicate results of an HIV test or the fact that an HIV test was performed.

I have read and understood the following statements about my rights:

- I may revoke this Authorization at any time prior to its expiration date by notifying the disclosing entity in writing, but the revocation will not affect any actions the disclosing entity took before it received the revocation. In addition, I may revoke this Authorization at any time prior to its expiration date by notifying the WSU Department of Athletics, Head Athletic Trainer, in writing, who will then forward such notice to any entities who previously received the Authorization from the WSU Department of Athletics. However, such revocation will not affect any actions the disclosing entities took before the received the notice from the WSU Department of Athletics.
- A disclosing entity (covered entity) may not condition my treatment or payment for health care upon whether I sign this Authorization, unless the treatment is research-related or the care was provided solely to provide information for a third party.
- The information that is disclosed pursuant to this Authorization may no longer be protected by state and/or federal privacy rules such as HIPAA and other medical privilege laws. The information disclosed may be redisclosed by the receiving entity. By signing below, I specifically authorize such redisclosure.

X _____
Signature of Patient/Student or Legal Representative

Date Signed

X _____
**Relationship, if not the patient/student, and
Authority for status as legal representative**

WRIGHT STATE UNIVERSITY
DEPARTMENT OF ATHLETICS
FERPA Authorization for Release of Health Information

Name (Please Print)

Sport

Date of Birth

TO: WRIGHT STATE UNIVERSITY ATHLETIC TRAINERS, PHYSICIANS, STRENGTH COACHES,
AND OTHER RELATED PERSONNEL:

You are hereby authorized and requested to disclose information and records pertaining to my physical health or condition, whether past, present or future, including all physicals, physician's records, athletic trainer's records, diagnoses, treatment information, histories, and prognoses, and including information and records pertaining to any and all injuries or illnesses to (i) Wright State University Department of Athletics and its personnel (including coaches of my sport) who the University, in good faith, determines have a legitimate "need to know;" (ii) Wright State's team physicians; (iii) all media organizations, including print, television, radio and internet, but only disclosing such information to the media as it relates to my ability to participate in my sport; and (iv) my parent(s), step-parent(s) or legal guardian(s) but only after I have informed such person(s) of my particular injury or illness.

The purpose of this authorization is (i) to assist coaches and other personnel within the Department of Athletics in evaluating my fitness as it pertains to my ability to participate in my sport; (ii) to allow personnel within the Department of Athletics to assist me with respect to my athletic grant-in-aid or with respect to my academic progress; (iii) to assist Wright State team physicians in providing medical care to me; (iv) to meet the requirements of insurers or health plans when such insurers require such information before paying for your health care services; (v) to allow athletic training students and student physicians in training to participate in my medical care or to contribute to their educational training; (vi) to provide to the media, for re-disclosure to their respective audiences, information regarding my fitness as it pertains to my ability to participate in my sport; and (vii) to inform my parent(s), step-parent(s) or legal guardian(s) of my injury or illness.

I hereby agree that the information that is used or disclosed pursuant to this Authorization may be re-disclosed by the receiving entity. For example, information given to the media about my physical ability to play my sport will, in all likelihood, be re-disclosed to their audience. By signing below, I specifically authorize and consent for all such re-disclosures.

I understand that the information to be disclosed is protected either as "education records" by The Family Educational Rights and Privacy Act of 1974 or as "medical records" under Ohio law and, with certain exceptions, may not be disclosed without my consent. By signing this form, I certify that I agree to the disclosure of the records referenced above.

A copy of this authorization shall be considered as effective and valid is the original.

Student-Athlete Signature

Signature of Parent/Guardian if Student-Athlete
Is Under 18 Years of Age

Date: _____

Date: _____

Wright State University Substance Abuse Program

(Drug and Alcohol)

INTRODUCTION

The Wright State University Athletics Program is highly visible and its student-athletes are regarded within the community as being emissaries of the university. They are also role models for other students, the university and throughout the larger community. Because they have chosen a student activity that is so closely tied to the public's view of the university and in many instances accepted financial aid based upon athletic participation, student-athletes and those who work closely with them have special responsibilities and obligations not normally requested of other members of the university community.

In compliance with state law, the Wright State University department of Athletics does not condone the use of alcoholic beverages by those under the age of 21 nor any consumption or behavior in violation with any state law, or university or team policy for those individuals over the age of 21. The university also does not condone the use of any substance deemed illegal by law, misused, or as determined by the NCAA. For purposes of this policy, alcohol is considered a drug and is therefore included in all references where the term "drug" is used.

Wright State University student-athletes are required to participate in a substance abuse screening program as part of their continued involvement in the university's athletics program. The purpose of the drug screening program is to identify and provide the necessary assistance to those who use illegal drugs, use drugs illegally (prescriptive drugs), or whose use of drugs is problematic to their personal health. In addition, the university hopes its program will help discourage experimentation and social or recreational use of illegal drugs within the university and throughout the community. In addition to requiring student athletes to comply with this policy, student athletes are also expected to adhere to the WSU Student Code of Conduct in the same manner as any WSU student.

By making its position clear, the university hopes to convey a strong message to its students and the community that drug abuse in any form is not acceptable and will not be tolerated. The purpose of the program is educational and its intent is to encourage healthy patterns of behavior while rendering assistance to those who may be experiencing problems.

DRUG TESTING PROGRAM

Any student athlete, during the period of his or her eligibility to participate in intercollegiate athletics, may not use any substance(s) identified as an NCAA Banned Drug(s) (see www.drugfreesport.com/education). The current list is subject to change by the NCAA Executive Committee. The student athlete shall be held accountable for testing positive for any banned drug(s) on the current list.

It is very important that student athletes report to their team athletic trainer/physician any use of prescription or "over the counter" drug or medication they may be using. All student-athletes will be responsible for accurately reporting this information and updating when/if drug changes occur. Failure to report such information may inadvertently result in a student testing positive for a banned substance.

1. UNANNOUNCED RANDOM TESTING

All student-athletes may be subject to periodic unannounced random testing throughout the year. A predetermined percentage of individuals from each team will be selected for drug testing. The selection of individuals will be made from a blind draw by Aegis Labs. The university will provide Aegis with an up to date roster of student athletes.

The Head Athletic Trainer, or designee, will be responsible for contacting the student athlete(s) and respective coach who is chosen for drug testing. Notification will be made either in person or by telephone communication no later than 5:00 pm on the day prior to testing. The student athlete will be required to sign a notification form prior to testing. The student-athlete will also be given a card stating the time and place of the testing. Failure to comply with this testing will be considered as a first positive drug test.

2. TESTING IN RESPONSE TO REASONABLE CAUSE

A student-athlete, individual members of a team or an entire team may be subject to testing at any time when there is reasonable cause to suspect an individual(s) is or has been engaged in the use of banned substances, or when substantial concern exists for the student athletes health or wellbeing as a result of such use. Reasonable cause exists if a person unfamiliar with the student-athlete or the athletics program would conclude, based on the available information, that there is a basis for the suspicion that the student athlete is using a banned substance, or that their behavior would be considered harmful. Examples of such may include, but is not limited to:

- (1) observed possession or use of banned substances;
- (2) arrest or conviction for a criminal offense related to the possession, use, or trafficking of banned substances;
- (3) a drug-related violation as defined by the WSU Office of Student Judicial Services;
- (4) abnormal weight change; or change of behavior or conduct such as an
- (5) unexcused absence from training, competition or academics, or other
- (6) behavior reasonably interpreted as possibly being attributed to the use of a banned substance(s) or alcohol.

If, after reviewing the information available, the Athletic Director, or designee, finds reasonable cause exists that the student-athlete(s) may have violated the substance abuse policy, the student-athlete(s) will be required to meet with the Athletic Director or designee to discuss the situation and any subsequent action(s) the Athletic Director may take. If, after meeting with the student-athlete, the Director or designee believes that more likely than not a violation has occurred, immediate drug testing of the student athlete(s) will be required. All drug tests will be conducted by a company of the Athletic Department's choosing and at the department's expense.

PROCESS

In the event a violation of the substance abuse policy, has been confirmed through testing the Athletic Director or designee will contact the student-athlete for the purpose of convening a meeting to discuss the violation. The student athlete will be required to meet with the Substance Abuse Coordinator to determine the appropriate actions. The Substance Abuse Coordinator will report to the Substance Abuse Committee (Athletic Director, Head Athletic Trainer and Substance Abuse Coordinator) his/her recommendations. The Athletic Director or designee will contact the coach after an assessment by the Substance Abuse Committee.

All sanctions may be assessed individually or in combination with other sanctions. Any sanctions or interventions deemed appropriate by the Substance Abuse Committee will be based upon the severity of the incident, the impact upon the community, and/or the student's disciplinary history. The guidelines listed below may be used by the Substance Abuse Committee when determining sanctions related to drug and/or alcohol violations. The list of sanctions below is not all inclusive and may include sanctions and/or interventions whereby costs may be incurred by the student athlete.

Drug and/or Alcohol Violations Sanctioning Guidelines

Written Warning

Parental Notification

Suspension

Referral to Formal Assessment/Treatment Center

Loss of Scholarship

Permanent Removal from Athletics

Regular Drug Testing

The Athletic Director, or designee, reserves the right to issue additional sanctions or interventions to a student athlete in accordance with the policies and procedures contained within the Student Athlete Code of Conduct and/or to discuss with the parents/guardians any actions taken.

An athlete that misses a scheduled drug testing will be deemed to have a positive test and will encounter sanctions consistent with a positive drug test.

APPEAL PROCESS

The student athlete has the right to appeal any disciplinary sanctions assessed to the Vice President for Student Affairs, or designee. The decision rendered by the Vice President for Student Affairs is final and no other appeals will be permitted.

SAFE HARBOR PROGRAM

A student-athlete may be eligible for the Wright State University Safe Harbor Program if they make a voluntary referral for evaluation and counseling. A student-athlete may not be eligible for the program after he or she has been informed of an impending drug test or has had a positive test.

Wright State University Substance Abuse Coordinator will work with the student-athlete to prepare a safe treatment plan which may include confidential drug testing. If the student-athlete tests positive for a banned substance upon entering the program, the positive test may not result in administrative action unless the student-athlete tests positive in a retest. If the student-athlete tests positive for a banned substance while in the program, they may be removed from the program and the first positive test will be considered as their first failed test and the failed retest will be considered their second infraction.

A student-athlete may remain in the program for as long as is determined appropriate/necessary by the treatment plan. The student-athlete is expected to comply with the treatment and have no positive retests to remain in the program. While in the Safe Harbor Program the student-athlete may or may not be included in the list of student-athletes to be randomly tested.

The Athletic Director, Sport Administrator, Head Athletic Trainer, and the Head Coach will all be notified of entry into the program. Confidentiality will be maintained throughout the plan. Depending on the circumstances, parents of the student athlete may also be informed.

Confidentiality

All members of the Wright State Athletics Department are expected to respect the student-athletes right to privacy. It is imperative that anything seen, heard or read be kept confidential by all parties involved. It is illegal for personnel to gain access to patient information unless information is deemed necessary in order to treat the student-athlete.

Use of Alcohol

All student-athletes must abide by the State of Ohio rules regarding the use and possession of alcohol. The illegal or irresponsible use of alcohol is against the University's drug and alcohol policy and the WSU Student Code of Conduct. The consumption of alcohol by student-athletes, or being under the influence of alcohol, is prohibited at any WSU sanctioned event. If a student-athlete is involved in an alcohol related violation that

does not carry legal implications, sanctions will be at the discretion of the head coach, director of athletics, and/or other WSU administrative personnel. If a student-athlete is involved in an alcohol violation that has legal implications, sanctions will be consistent with the university's Substance Abuse Program, and may also trigger consequences pertaining to the WSU Student Code of Conduct/Judiciary Affairs.

Use of Supplements

Wright State University does not condone the use of supplements, ergogenic aids, creatine powder, etc, unless provided/approved by the strength and conditioning or sports medicine staff. Supplements do not undergo FDA approval and thus claims made by the manufacturer may or may not be accurate. These substances are sometimes mislabeled and there may be substances in the product not listed on the label. It is important for you to remember that **you will be held responsible for each and every substance that enters your body.**

CONCLUSION

This program is intended to address potentially serious problems in a helpful and educational manner. It is designed to place student athletes in communication with professionals who can help prevent potential substance abuse issues from growing and interfering with the educational process.

It is important to remember that students could still face sanctions administered by the Office of Student Conduct for any substance abuse violations of the Wright State University Student Code of Conduct.

Banned Substances

The following is a list of banned substance classes with examples published by the NCAA, which will constitute the drugs that may be tested for on a NCAA Drug Screening as well as a WSU Drug Screening. If there are any questions as to whether or not one of these substances is contained within a nutritional product, the student athlete should consult with the Head Athletic Trainer. This list is subject to change. Student athletes are expected to comply with all currently listed banned substances as published by the NCAA.

Stimulants:

Amiphenazole

Fencamfamine

Amphetamine

Meclofenoxate

Bemigride

Methamphetamine

Benzphetamine

Methylphenidate

Bromantan

Nikethamide

Caffeine (1)

Permoline

Chlorphentermine

Pentetrazol

Cocaine

Phendimetrazine

Cropropamide

Phenmetrazine

Crothetamide

Phentermine

Diethylpropion

Picrotoxine

Dimethylamphetamine

Pipradol

Doxapram

Prolintane

Ephedrine

Strychnine

Ethamivan

and related compounds

Ethylamphetamine

Anabolic Agents:

Anabolic Steroids:

Androstenediol

Methyltestosterone

Androstenedione

Nandrolone

Boldenone

Nandrolone

Clostebol

Norandrostenedione

Dehydrochlormethyl-testosterone

Norethandrolone

Dihydrotestosterone

Oxymesterone

Dromostanolone

Oxymetholone

Fluoxymesterone

Stanozolol

Mesterolone

Testosterone

Methandienone

Clenbuterol

Methenolone

and related compounds

Diuretics:

Acetazolamide

Hydroflumethiazide

Bendroflumethiazide

Methyclothiazide

Benzthiazide

Metolazone

Bumetanide

Polythiazide

Chlorothiazide

Quinethazone

Chlorthalidone

Spironolactone

Ethacrynic Acid

Triamterene

Flumethiazide

Trichlormethiazide

Furosemide

and related compounds

Hydrochlorothiazide

Street Drugs:

Heroin

Tetrahydrocannabinol (THC)

Marjuana

Peptide Hormone and Analouges:

Chorionic Gonadotrophin

Corticotrophin

HCG – Human Chorionic Gonadotrophin

HGH – Growth Hormone, Somatotrophin

Erythropoietin (EPO)

Sermorelin

(1) for Caffeine – if the concentration in the urine exceed 15 micrograms/ml.

By signing below, I acknowledge that I have received a copy of the Wright State University Athletics Department Substance Abuse Program (for Drug and Alcohol). I understand that I am governed by the guidelines listed within this program, and I may be subject to additional sanctions by the Office of Judicial Services (also known as the Office of Community Standards and Student Conduct).

Student-Athlete Printed Name

Student-Athlete Signature

Date

Sport

NCAA Drug Testing Exception Policy

Use of Stimulants to Treat ADD/ADHD

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are common neurobehavioral disorders of childhood that can persist through adolescence and into adulthood. The most common medications used to treat ADD/ADHD are methylphenidate (Ritalin) and amphetamine (Adderal), both which are banned under the NCAA class of stimulants.

Recently, the NCAA has updated their policy regarding medical exceptions of banned drug classes. The NCAA bans performance enhancing drugs to protect the health and safety of student-athletes, and to ensure a level playing field. The NCAA also recognizes that some of these substances may be legitimately used as medication to treat student-athletes with learning disabilities and other medical conditions. The current policy can be found at: www.ncaa.org/health-safety.

To be considered for medical exception for a medication that contains a banned substance, the student-athlete must provide the required documentation from the prescribing physician:

- Documentation of the diagnosis and how it was reached through diagnostic testing
- Documentation of the treatment procedure, name of medication and dosage information and a copy of the current prescription
- Statement that the student-athlete's medical history exhibits a need for regular use of the drug
- List of alternative non-banned medications for the treatment of the condition that have been tried/considered
- Statement that the student-athlete and prescribing physician agree that there is no other appropriate alternative medication treatment is available

****Starting in August 2009, all student-athletes are required to have this documentation on file with the Wright State University Sports Medicine Staff prior to the start of the academic year.****

Please answer the following question(s), initial and sign below:

Have you been diagnosed as having ADD/ADHD? YES / NO

If yes: Medication(s) _____
Dose _____
Prescribing Physician _____

_____ I have been informed of the NCAA drug testing exception using stimulants to treat ADD/ADHD

_____ I understand that I am responsible for notifying the Sports Medicine staff and the Athletic Department representative for compliance with regards to my current medical status and need for any NCAA drug testing medical exception.

_____ I understand that it is my responsibility to provide Wright State University Sports Medicine Department with all required documentation related to the treatment of my condition.

Printed Name of Student-Athlete

Signature of Student-Athlete

Date

To be completed by parent/guardian if student-athlete is under 18 years old:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date