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_____

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Counseling appointment: Date_____ Time_____

Follow Up Needed? Yes _____ No_____

Date of Next Appt._____ Time_____

Signature of Consultant: _____

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

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