

**STUDENT ATHLETES**



All youth athletes and their parents/ guardians must acknowledge this information about Prescription Opioid Misuse Prevention, the sign and return this form.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date