

## **Student Drug Testing**

The following procedures shall be used to implement the district's random drug-testing program for students participating in interscholastic athletic programs and/or cocurricular programs.

### **Consent**

Students wishing to participate in activities, and the student's parent shall consent in writing to random drug testing pursuant to the district's drug-testing program. Written consent shall be given on a form to be developed by the administration. No student shall be allowed to participate in any interscholastic athletic program or other cocurricular activity without having first provided such consent on that form.

### **Student Selection**

At the direction of the administration, random testing of between 5 percent to 10 percent of the total pool of all eligible student athletes or students involved in cocurricular activities will be conducted on a regular cyclic basis at district expense during the athletic or cocurricular activity season. Selection for random testing will be by lottery drawing from a "pool" of all student athletes participating in interscholastic athletic programs or those students in other cocurricular activities in the district at the time of the drawing. The building principals and athletic director shall take reasonable steps to assure the integrity, confidentiality and random nature of the selection process including, but not necessarily limited to:

1. Assuring that the names of all participating student athletes and students in other cocurricular activities are in the pool;
2. Assuring that the person drawing names has no way of knowingly choosing or failing to choose particular students for the testing;
3. Assuring direct observation of the selection process by at least two adults;
4. Students absent on the date of the random selection will be automatically added to the next drawing.

### **Sample Collection**

One sample from each student randomly selected will be collected by the district or designated independent collection and testing agency at a mutually convenient time on the same day the student is selected for testing. If a student is unable to produce a sample at any particular time, the student will be allowed to return later that same day to provide the sample. All students providing samples will be given the option of doing so alone in an individual stall with the door closed. This sample shall be a split sample which will allow for a second test in the event that the student's first test result indicates the presence of illegal drugs ("positive test").

## **Prescription Medication**

Students who are taking prescription medication must provide the prescription information to the contracting agency collecting such sample. Such information provided by the student will not be disclosed to any school official. Students who refuse to provide verification and test positive will be subject to the actions specified below for “positive tests.”

## **Scope of Tests**

The testing lab will be instructed to test for the following illegal drugs: Amphetamines/Methamphetamines, Marijuana, Cocaine, Opiates, Alcohol, Barbiturates and Benzodiazepines. Additional testing, at the district’s expense, may include PCP, Nicotine, LSD or psychedelic and/or hallucinogenic mushrooms. Samples from students shall not be screened for the presence of any substances other than an illegal drug or for the existence of any physical condition other than drug intoxication.

## **Limited Access to Results**

The testing lab will be authorized to report results only to the superintendent or his/her designee in the event the superintendent is absent. The superintendent shall then release the information only to the building principal at which the student is enrolled.

## **Procedures in the Event of a Positive Result**

If a student has a test result that indicates the presence of illegal drugs (“positive test”), the building principal shall notify the student’s parent if the student is under 18, and a meeting will be scheduled with the building principal, the student, the parent and the athletic director. At that meeting, the following information will be discussed:

1. For the first positive test result, the student will be given the option of either:

Suspension from participation in interscholastic athletics or other cocurricular activities for nine weeks;

or

Participate in an interview and referral process and have a drug/alcohol assessment at their own expense. If the student/athlete elects this counseling or other conditions imposed on the student/athlete by the assessment, the team of the parents of the student, current coach/advisor and the athletic director will work with the student/athlete for success. All school personnel and coaches/advisors are bound by the code of confidence. If a student/athlete is actively enrolled in a drug/alcohol assistance program the nine-week suspension may be reduced to four and one-half weeks;

2. For the second positive result the student will be suspended from participating in athletics or cocurricular activities for 18 weeks of school;

3. For the third positive result the student will be suspended from participating in athletics/cocurricular activities for one calendar year;
4. For the fourth positive result the student will be suspended from participating in athletics/cocurricular activities for one calendar year.

#### **Procedures in the Event of an “Invalid” Sample**

If a student provides a sample that is determined by established laboratory standards to be “abnormally” dilute, the sample shall be considered “invalid.” Samples that do not meet established requirements for validity shall result in the student being required to provide another sample during the next testing cycle, or at another unannounced time at the discretion of the district.

NOTE: “Season” is defined as Fall, Winter and Spring (Three seasons in one calendar year.)

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End of Administrative Regulations

# STUDENT DRUG-TESTING PROGRAM

## General Authorization Form for Interscholastic Athletic and Cocurricular Program Participation

Name of Student: \_\_\_\_\_ Grade in School: \_\_\_\_\_

Please Check the Athletic or Cocurricular Activities in which you plan to participate for the 1999-2000 school year:

\_\_\_\_ Baseball      \_\_\_\_ Basketball      \_\_\_\_ Cross Country      \_\_\_\_ Football      \_\_\_\_ Golf  
\_\_\_\_ Soccer      \_\_\_\_ Softball      \_\_\_\_ Track & Field      \_\_\_\_ Volleyball      \_\_\_\_ Wrestling  
\_\_\_\_ Dance Team      \_\_\_\_ Drill Team      \_\_\_\_ Cheerleading      \_\_\_\_ Speech      \_\_\_\_ Music: Solo  
\_\_\_\_ Music: Choir      \_\_\_\_ Music: Band      \_\_\_\_ Other (specify) \_\_\_\_\_

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by Brookings-Harbor School District Board and the sponsors for the activity in which I participate.

I also authorize Brookings-Harbor School District to conduct a test on a urine specimen which I provide to test for drugs, tobacco and/or alcohol use at district expense. I also authorize the release of information concerning the results of such a test to the Brookings-Harbor School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Note: Pursuant to District Policy JFCIA, this form must be signed and returned before the student shall be allowed to participate in any interscholastic athletic program or other cocurricular activity sponsored by District 17-C.