Book Policy Manual

Section 2000 Program

Title
Sylvania Schools Extra Curricular/Co-Curricular Drug Testing Policy and Code of Conduct

Number po2431.02

Status

Adopted

2431-02 <u>Sylvania Schools Extra-Curricular/Co-Curricular Drug Testing</u> <u>Policy and Code of Conduct</u>

PHILOSOPHY:

THE SYLVANIA SCHOOLS provides a variety of extracurricular/co-curricular activities that complement the educational and athletic development of each student. The privilege of participation carries the responsibility of adherence to the Extra Curricular/Co-Curricular Drug Testing Policy and Code of Conduct (the "Drug Testing Policy"). The SYLVANIA SCHOOLS Board of Education desires to implement a policy which will attempt to provide the district with a safe and healthful student program. This policy reflects the SYLVANIA SCHOOLS Board of Education and the community's strong commitment to establish a truly drug and alcohol-free school program. SYLVANIA SCHOOLS have selected student athletes, students who participate in extracurricular activities, co-curricular activities or performances that can be graded with an alternative assignment, clubs, student drivers, school dance attendees ("Covered Activities"), and students who, along with consent from their parents, volunteer to be tested, for inclusion in the testing pool. This policy applies to students from grades 9-12.

PURPOSE OF THIS POLICY SHALL BE:

- 1. To provide a healthy and safe environment to all students participating in Covered Activities.
- 2. To discourage all students from using drugs and alcohol and to encourage students to assume all responsibility for regulating their personal lives in ways that will result in their becoming healthful members of a team and worthy representatives of the school and community.
- 3. To provide students with the opportunity to become leaders in the student body for a drug-free school.
- 4. To provide solutions for the student who does use drugs and alcohol.
- 5. To provide the school with positive guidelines and disciplinary policies for violations of the Drug Testing Policy.

6. To encourage those students who participate in Covered Activities to remain drug and alcohol free.

The Drug Testing Policy does not affect the current policies, practices, or rights of the District regarding student drug and/or alcohol possession or use, where reasonable suspicion is established by means other than drug testing through this policy. The drug testing policy is non-punitive with regards to academics. No student will be suspended or expelled from school or penalized academically as a result of a certified positive test conducted by the District under this policy. The results of random drug tests will not be documented in any student's academic records. Such results will not be disclosed to criminal or juvenile authorities unless otherwise required by law.

Students involved in Covered Activities need to be exemplary in the eyes of the community and other students. Although students risk the loss of continued participation in Covered Activities, no student shall be suspended or expelled from school as a result of any certified "positive" test ("Positive Result") conducted by his/her school under this program.

Any student in grades nine (9) through twelve (12) and his/her parent(s) or legal guardian(s) must sign an Informed Consent Agreement to be eligible to participate in any one (1) or combination of the Covered Activities.

DEFINITIONS

1. STUDENT ATHLETE

Any person participating in the SYLVANIA SCHOOLS High School athletic program and/or contests under the control and jurisdiction of the SYLVANIA SCHOOLS and/or the Ohio High School Athletic Association ("OHSAA"). This policy also includes cheerleaders.

2. EXTRACURRICULAR ACTIVITIES

Any activity of a competitive nature that does not involve a grade.

3. CLUBS

Administrator-approved student-based organizations that are dedicated to a particular interest or activity.

4. CO-CURRICULARS GRADED BY AN ALTERNATIVE ASSIGNMENT An activity or performance in classes such as band, orchestra, or choir where an alternate assignment can be implemented that will not impede the performance grade.

5. STUDENT DRIVERS

Any student who possesses a school parking pass.

6. SCHOOL DANCE ATTENDEES

Any student who signs up for and attends a school sponsored dance.

7. ATHLETIC SEASON

In-season start dates will begin as published by the OHSAA or sanctioning organization and continue until the completion of awards program for that sport for the SYLVANIA SCHOOLS. There are three athletic seasons – Fall, Winter, and Spring. The student will participate in the drug testing program for one (1) year from date of signing consent.

8. RANDOM TESTING

A system of selecting students for drug and alcohol testing in which each student shall have a fair and equitable chance of being selected each time selections are required.

9. ILLEGAL/ILLICIT DRUGS

Any substance included in 21 U.S.C. 802 (6), which an individual may not sell, offer to sell, possess, give, exchange, use, distribute, or purchase under State or Federal Law. This definition also includes all prescribed and over-the-counter drugs being used in any way other than for medical purposes in accordance with the directions for use provided for in the prescription or by the manufacturer. The student may also be tested for nicotine and steroids.

10. ALCOHOL

Any intoxicating liquor, beer, wine, mixed beverage, or malt liquor beverage as defined in the Ohio Revised Code Section 4301.01. The term "alcoholic beverage" includes any liquid or substance, such as "near beer" which contains alcohol in any proportion or percentage. The term "alcoholic beverage" does not include a substance used for medical purposes in accordance with directions for use provided in a prescription or by the manufacturer and in accordance with school District policy and rules related to the use of prescription and non-prescription drugs, provided the substance is a) authorized by a medical prescription from a licensed physician and kept in the original container, which shall state the student¹s name and directions for use or b) an over-the-counter medicine.

11. ADULTERANT/ADULTERATION

Any attempt to alter the outcome of a urine drug test by adding or deleting a substance to or from sample, attempting to switch the sample, or otherwise interfere with the detection of illicit or banned substances in the urine, or purposefully over hydrating oneself in an attempt to dilute the urine to decrease possible detection of illicit or banned substances.

TYPE OF TESTING

1. RANDOM TESTING

In-season random testing shall be done throughout the season. Each school may have up to 20% of its eligible students tested per random selection. A student may be tested more than once per season. In the event of a Positive Result, the specimen will be sent to a laboratory selected by the District for confirmation of results and a certified Medical Review Officer will determine the results.

a, The Athletic Director under the Principal¹s supervision, will use a system to ensure that students are selected in a random fashion. This system may include computer generated random numbers or names or by pulling numbers from a pool of numbers equal to the number of eligible students athletes. in covered activities.

b, Random testing will be unannounced. The day and date will be selected by the Athletic Director and confirmed with the building administrator.

2. DRUGS FOR WHICH STUDENTS MAY BE TESTED:

Students may be tested for any substance included in 21 U.S.C. 802 (6), which an individual may not sell, offer to sell, possess, give, exchange, use, distribute, or purchase under State or Federal Law. This definition also includes all prescribed and over-the-counter drugs being used in any way other than for medical purposes in accordance with the directions for use provided for in the prescription or by the manufacturer. Students may also be tested for alcohol and nicotine.

3. COLLECTION PROCESS (Urine Screens) Other testing types or changes to the process may be implemented at the District's discretion.

The student will be notified to report to the collection site. A specimen from the student will be collected as follows and all students must follow this process:

All students must have a picture ID or be identified by Athletic Director/Principal. No exceptions will be allowed.

The Athletic Director will collect completed student consent forms before the student enters the collection site.

Drug testing area must be secured during the testing.

No bags, backpacks, purses, cups, containers or drinks will be allowed to enter the collection area. Any clothing layered on top of normal, appropriate base clothing must be removed before entering the collection site to avoid the possibility of concealed items. Examples of such layered clothing include coats, vests, jackets, sweaters, hats, and scarves. No student will be required to disrobe for the testing. Any infringement of the rules will result in the student taking the test over.

Only lab technicians, designated school administrator and students will be witness to the test.

Privacy must be kept for all students.

If a student is unable to produce an adequate urine sample the technician will conduct an oral fluid test (saliva sample).

Students will be asked to hold out their hands and a sanitizer will be put on their hands or will wash hands with water. The bathroom personnel will add a dye to the toilet.

Students will be asked to urinate directly into the collection cup given to them by the lab personnel. The lab technician will stand outside the stall and listen for normal sounds of urination.

Any and all adulterations of the specimen will be detected and considered the same as a test refusal or 1st time infraction. (The lab checks every sample for adulteration, such as additives consumed or added to urine to change the sample.)

Adulterations: Adulterations and diluted samples will be treated as first time offenses. They are not called Positive Results but have the same consequences. A retest will be required within 24 hours.

Any suspicion of tampering with the sample will be brought to the tester¹s attention. The sample will be screened or sent to the lab for immediate confirmation of tampering.

The sample must be taken in one attempt and be at least 30 ml in size. The student must hand the cup to the lab technician.

Students are not to flush the toilets or urinals. In the event that a student flushes the toilet he or she will be required to give a new sample immediately or the sample will be invalid.

With student watching, the lab technician will recap the sample and hand it to the student who must then return it to the intake technician. In the event that the student does not hand the cup directly to the intake technician, the sample is invalid and a new sample must be taken. If the student leaves the collection area or has contact with anyone, the sample will be invalid and the student will have to give another sample.

The District reserves the right to change the collection procedure to coincide with the testing guidelines set forth by the testing agency.

When using rapid screens, all non-negative screens will be sent out with a chain of custody to a certified laboratory for confirmation. A certified Medical Review Officer will verify the positive test.

Any student who tests positive will have to submit five follow-up school drug tests at times to be determined by the District, at the expense of the parent/guardian/custodian with no Positive Results.

5. RESULTS OF A POSITIVE TEST

Any Positive Results will be made known to the a building administrator, who in turn will notify the parents/guardians/custodians and student.

6. IF A POSITIVE TEST RESULT OCCURS:

THE FIRST VIOLATION

- A) A letter shall be mailed to the parent/guardian/custodian that alerts the student of the violation and informs the student of the consequences of this offense and any future violations.
- B) The student shall not participate in any Covered Activity for one (1) calendar year. However, students who elect to receive professional assessment and assistance will be denied participation in twenty percent (20%) of each Covered Activity and will not be allowed to attend the next school sponsored dance.
 - Example: Athletics denial of 20% of the current season, with any remaining percentage of the denial of participation to be applied to the next season of participation. Denial of 20% or 36 school days of extracurricular activities/clubs/co-curricular activities or performances that can be graded with an alternative assignment. Denial of 20% or 36 days of driving privileges. Denial of attendance at the next school-sponsored dance.
- C) In order for participation and privileges to be reinstated after the 20% penalty, the student must submit consecutive five follow-up school drug tests at times to be determined by the District, at the expense of the parent/guardian/custodian with no Positive Results.
- D) Failure to complete 6-B and 6-C will result in denial of participation and privileges for one calendar year.

THE SECOND VIOLATION

- A) The student is denied participation in Covered Activities for one calendar year from the date of notification of the violation.
- B) The student will have to make an appointment with a certified chemical dependency counselor for an assessment and then follow the recommendations of the counselor. The parent/guardian/custodian is responsible for providing the school principal with documentation that the student completed all recommendations of the counselor.
- C) In order for participation and privileges to be reinstated after the one calendar year penalty, the student must agree to submission of five consecutive follow-up school drug tests, at times to be determined by the District, at the expense of the parent/guardian/custodian with no Positive Results.
- D) Failure to complete 6-B and 6-C will result in denial of participation and privileges for the remainder of the student's high school career.

THE THIRD VIOLATION

A) The student is permanently denied participation in Covered Activities in SYLVANIA SCHOOLS.

Violations are cumulative throughout the student's secondary school career.

7. SELF-REFERRALS

Any student and parent may employ a "self-referral" procedure, allowing the student an avenue to seek guidance, assessment/counseling and/or treatment in regard to the use of alcohol, drugs and tobacco. See Student Handbook p. 21, Self-Referral/Parent Referral.

Any student may give a once a year self-referral, which may be done only twice in four (4) years. Self-referrals can only happen before a student's name is drawn prior to a random test. A student cannot self-refer after the student's name has been randomly drawn for a given test.

SYLVANIA SCHOOLS STUDENT INFORMED CONSENT AGREEMENT GRADE ____ STUDENT NAME AS A STUDENT: I understand and agree that participation in athletic, extracurricular, and co-curricular activities, performances that can be graded with an alternative assignment, clubs, student drivers, school dance attendees ("Covered Activities") are privileges that may be withdrawn for violations of the SYLVANIA SCHOOLS Drug Testing Policy. I have read the Drug Testing Policy and thoroughly understand the consequences that I will face if I do not honor my commitment to the Drug Testing Policy. I understand that when I participate in any Covered Activities, I will be subject to initial and random drug and alcohol testing, and if I refuse, I will not be allowed to participate in any Covered Activities, as described in the Drug Testing Policy. I have read the Informed Consent Agreement and agree to its terms. I authorize the release of the results of such testing to my parent/guardian/custodian. I understand this agreement is binding while I am a student in the SYLVANIA SCHOOLS system. DATE STUDENT SIGNATURE AS A PARENT/GUARDIAN/CUSTODIAN: I have read the SYLVANIA SCHOOLS Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in Covered Activities in SYLVANIA SCHOOLS. I pledge to promote healthy lifestyles for all students in Covered Activities in SYLVANIA SCHOOLS. I understand that my son/daughter/ward, when participating in any Covered Activity, will be subject to initial and random urine drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any Covered Activities. I have read the informed Consent Agreement and agree to its terms. I understand this agreement is binding while my son/daughter/ward is a participant in Covered Activities in SYLVANIA SCHOOLS. PARENT/GUARDIAN/CUSTODIAN SIGNATURE DATE

WORK PHONE

PARENT GUARDIAN/CUSTODIAN PRINTED NAME

SYLVANIA SCHOOLS PARENT INFORMED CONSENT AGREEMENT

We hereby consent to allow the student named on the reverse side to undergo drug testing for the presence of illicit drugs, alcohol, or banned substances in accordance with the Drug Testing Policy of SYLVANIA SCHOOLS.

We understand that testing will be administered in accordance with the SYLVANIA SCHOOLS Drug Testing Policy for students participating in Covered Activities.

We understand that any sample taken for drug testing will be tested only by a District-approved company. We hereby give our consent to the company selected by the SYLVANIA SCHOOLS Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform testing for the detection of drugs.

We further give our consent to the company selected by the SYLVANIA SCHOOLS Board of Education, its employees, or agents, to release all results of these tests to designated School District employees or agents. We understand that these results will also be available to us upon request.

We hereby release the SYLVANIA SCHOOLS Board of Education, its employees or agents, from any legal responsibility or liability for the release of such information and records or in connection with the implementation of the Drug Testing Policy.

This will be deemed a consent pursuant to the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. 1232g as amended, and the Ohio Revised Code 3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE	DATE	
PARENT GUARDIAN/CUSTODIAN PRINTED NAME	WORK PHONE	