

New Lexington High School



DRUG TESTING PLAN

Approved September 14, 2016
Revised (7/22)

NEW LEXINGTON DRUG TESTING PLAN

The New Lexington School District Board of Education Drug Testing Policy was formed because of a concern that alcohol and illicit drugs may be used by New Lexington School's students. The New Lexington School District Board of Education desires to implement a policy, which will attempt to provide this district with a safe and healthy student program. This program reflects the New Lexington School District Board of Education and the community's strong commitment to establish a truly drug and alcohol-free school program. Because of the pervasive nature of drug use in our schools, the New Lexington School District have selected student athletes, students who voluntarily participate in competitive extracurricular activities and students, who along with consent from their parents, volunteer to be tested, for inclusion in the testing pool. This policy applies to all athletes, volunteers and extracurricular activities from grades 9-12.

PURPOSE OF THIS POLICY SHALL BE:

1. To provide a safe and healthy environment to all students participating in the athletic and extracurricular program.
2. To discourage all students from using drugs and alcohol.
 - a) Students will assume all responsibility for regulating their personal lives in ways that will result in their becoming healthy 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 consequences for violations of the drug free policy.
6. To encourage those students who participate in athletic and extracurricular programs to remain drug free and alcohol free.

The program does not affect the current policies, practices, or rights of the District regarding student drug and/or alcohol possession or use, where reasonable suspicion by means other than drug testing through this policy. The drug testing policy is non-punitive.

Students involved in extracurricular activities need to be exemplary in the eyes of the community and other students. The drug testing and education policy is designed to create a safe, drug free environment for students and assist them in getting help when needed. Although students risk the loss of continued participation in extracurricular activities, no student shall be suspended or expelled from school as a result of a certified "positive" test conducted by his/her school under this program.

No student will be penalized academically for testing positive for banned substances. The results of drug tests will not be documented in any student's academic records. The results will not lead to any law enforcement consequences.

DEFINITIONS

1. STUDENT ATHLETE

Any person participating in the New Lexington School District High School athletic program and/or contests under the control and jurisdiction of the New Lexington School District and/or the Ohio High School Athletic Association (OHSAA). This policy also includes cheerleaders, marching band and members of the Dance Team.

2. EXTRACURRICULAR

Any activity of a competitive nature.

3. ATHLETIC SEASON

In-season start dates will begin as published by the Ohio High School Athletic Association or sanctioning organization and continue until the completion of awards program for that sport for the New Lexington School District. There are three athletic seasons: Fall, Winter, and Spring.

4. RANDOM SELECTION

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

5. ILLEGAL/ILLICIT DRUGS

Any substance included in 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. We may also test for Nicotine and Steroids.

6. 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 nonprescription 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 student's name and directions for use or b) an over the counter medicine.

TYPES OF TESTING

1. TEAM TESTING

At the beginning of each season, all eligible students (who have not been tested during previous seasons that school year) will submit to urine drug and alcohol testing. This testing will be completed within the first two weeks of the season on a specified date and time. The collection process will take place on school property or at a Board of Education approved testing facility.

The Head Coach is responsible for ensuring that all student athletes and their parent/guardian/custodian properly sign the INFORMED CONSENT AGREEMENT prior to testing. Any student moving into the District shall be tested prior to the time he/she joins the team. Any athlete will not participate until Informed Consent Agreement has been completed.

2. RANDOM TESTING

In-season random testing shall be done throughout the season. Each season up to 20% of eligible students may be tested per random selection. A student may be tested more than once per season.

- a.** Random selection of student athletes: The Athletic Director, under the Principal's supervision, will use a system to ensure that students are selected in a random fashion.
- b.** Scheduling of random testing: Random testing will be unannounced. Random testing may be done weekly.

3. DRUGS FOR WHICH ATHLETES MAY BE TESTED:

ALCOHOL, MARIJUANA, AMPHETAMINES, METHADONE, ANABOLIC STEROIDS, BARBITURATES, BENZODIAZAPINES, OPIATES, COCAINE, BUPENORPHINE, PCP, OXYCODONE, MDMA, or any other drug and/or substance.

4. COLLECTION PROCESS (Urine Dip, Alcohol Test, and/or Adulteration Test)

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

- The contract agency will test all participants initially and randomly select and identify participants thereafter. No exceptions.
- Only urine dip technicians and the student will be witness to the test.
- The Athletic Director is responsible for ensuring that all of the forms are completed and signed by both parent/guardian/custodian and student. No student is to be tested that has not turned in all forms with appropriate signatures.
- Students will not be permitted to bring anything with them into the collection area. All coats, vests, jackets, sweaters, hats, scarves, or baggy clothing must be removed before entering the collection site. Only pants, shirts or dresses may be worn in the area.
- Students processed by the urine dip technician who cannot produce a sample will be kept in a secured area to wait until they can test. They are not to have contact with anyone until after the sample is given.
- The student will be asked to urinate directly into the urine cup given by the technician. A male technician will observe the male students, and a female technician will observe female students, when providing the sample.
- Any and all adulteration of the sample will be detected and considered the same as a POSITIVE result. (The urine dip technician may check every sample for adulteration, such as additives you drink or add to urine to change the sample.)
- Adulterations: We will treat adulterations and diluted samples as positives that have the same consequences.

- The sample must be taken in one attempt and must be enough to complete the test.
- This collection procedure is subject to change because of procedural requirements by the testing agency. The School Board reserves the right to change the collection procedure to coincide with the testing guidelines set forth by the testing agency.
- If unable to provide a sample it may be conceived as positive. Other testing means (such as saliva test), may be utilized at the cost of the student/parents/guardians.

To ensure privacy of the student and the drug screen results:

- The student/athlete must confirm their full name, grade, and date of birth prior to providing the sample to the urine dip technician.
- Upon releasing the results to the school, the testing agency will not possess any records of the screen. The urine dips will be disposed of and documentation showing the results will be kept by the school.
- Once the drug screen results have been released to the school, they will be stored in locked safe in the Administrative office.

5. RESULTS OF A POSITIVE TEST

Any positive urine drug test results will be made known to the building administrator, who in turn will notify the parents/guardians/custodians.

The results of the urine drips will be shared with the student and parents/guardians/custodians by a nurse, and they will be asked to sign the form stating that the results have been shared with them. By signing this form, they are not stating that they agree with the results, but they have had the results shared with them.

If the parents/guardians/custodians or student do not agree with the results of the urine dip drug screen provided by the contract agency/organization and paid for by the school, they may choose to have a drug screen performed by a physician or hospital within 4 hours of the original testing, at their own expense, and have the results released to the New Lexington Local School District. New Lexington Local School District nor the contract agency will request a sample be tested beyond the initial urine dip testing.

7. IF A POSITIVE TEST OCCURS:

If a positive result on DIP test occurs. The results will be confirmed via certified lab using same sample. Positive Results will require child/student release their medical insurance information for payment of confirmation. If not released parents are responsible for all associated costs.

FIRST VIOLATION:

- A) The student will have to schedule an appointment with Perry Behavioral Health Choices, Inc., and then follow any recommendations made by their counselor. The parent/guardian/custodian is responsible for all expenses and for providing the Athletic Department with documentation proving that the student completed all recommendations

of the Perry Behavioral Health Choices, Inc.,.The student will be denied participation for a minimum of 20% of the season or until the assessment is completed, and drug screens are negative. At that time, the parent/guardian/custodian and student will meet with the Athletic Director, the coach, and a building administrator to determine reinstatement. The student may be required, at parent/guardian/custodian expense, to submit to weekly or random testing for the remainder of the current athletic season.

OR

- B)** Denial of participation in interscholastic athletics for the remainder of the current season. (Student athletes will miss a minimum of the equivalent of 50% of games. If there are fewer games that, the suspension will carry over into next season.)

SECOND VIOLATION:

For the second violation, the student athlete will be given the option of:

- A)** The student is denied participation for the rest of the sport season from the date of notification of the violation. The student may regain eligibility by completing any recommendation made by Perry Behavioral Health Choices, Inc., and providing a negative sample at the next scheduled school test. The athlete will be denied participation for a minimum of 50% of the season. If there are fewer games than that, the suspension will carry over into their next season. The student will also be required to submit to all scheduled school drug test, at the cost of the parent/guardian/custodian.

OR

- B)** The student is denied participation for one calendar year from the date of notification of the violation.

ALL FURTHER VIOLATIONS:

For all further positive results, the student athlete will be given the option of:

- A)** The student will also be required to submit to all scheduled school drug test, at the costs of the parent/guardian/custodian. The student must produce a negative sample at all school-scheduled tests for one calendar year from date of notification and complete any recommendations made by Perry Behavioral Health Choices, Inc. to regain eligibility.

OR

- B)** The student is permanently denied participation in athletics in the New Lexington School District.

Violations are accumulative throughout the student's secondary school career (Grades 9-12).

8. SELF REFERRAL:

A student athlete may present to the Athletic Department as a self-referral, up to 2 times in the 4-year period. The student must come forward before a test has started. Counseling and additional testing are required and no other punitive action is taken. The athlete will not participate until an assessment has been scheduled and the parent/guardian/custodian and student meet with the Athletic Director, the coach, and a building administration to determine reinstatement.

INFORMED CONSENT AGREEMENT

STUDENT NAME: _____

DATE OF BIRTH: _____ GRADE: _____

We hereby consent to allow the student named on the reverse side to undergo urine dip testing for the presence of illicit drugs, alcohol, and banned substances in accordance with Policy and Procedures for Drug Testing of the New Lexington Local School District.

We understand that testing will be administered in accordance with the guidelines of the New Lexington Local School District Drug Testing Policy for student athletes.

We understand that any urine sample taken for drug testing will be tested only by Perry Behavioral Health Choices, Inc.

We hereby give our consent to Perry Behavioral Health Choices, Inc., its employees or agents, to perform urine dip testing for the detection of illicit drugs, alcohol, or banned substances.

We further give consent to Perry Behavioral Health Choices, Inc., its employees or agents, to release the results of these test to designated New Lexington Local School District employees or agents. We understand that these results will also be available to us upon request.

I, the student, hereby authorize the release of the results of such testing to my parent/guardian/custodian.

We hereby release the New Lexington Local School District Board of Education and Perry Behavioral Health Choices, Inc., their employees, or agents from any legal responsibility or liability for the release of such information and records.

This will be deemed consent pursuant to the Family Education 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 require by law.

**New Lexington School District
INFORMED CONSENT AGREEMENT**

STUDENT NAME: _____

DATE OF BIRTH: _____ **GRADE:** _____

AS A STUDENT:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the New Lexington School District 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 athletic program, I will be subject to initial and random urine, drug & alcohol testing, and if I refuse, I will not be allowed to practice or participate in any athletic activities. I have read the informed consent agreement and agree to its terms.
- I understand this agreement is binding while I am a student in the New Lexington School District system.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the New Lexington School District drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the New Lexington School District.
- I pledge to promote healthy lifestyles for all student athletes in the New Lexington School District system.
- I understand that my son/daughter/ward, when participating in any athletic program, 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 athletic 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 athletics in the New Lexington School District.

PARENT/GUARDIAN/CUSTODIAN - PRINTED NAME

DATE

PARENT GUARDIAN/CUSTODIAN - SIGNATURE

PHONE