

2019-2020 Policy for Random Urine Drug Testing of Valley View Schools Parking Permit Holders and Participants in Athletic/Extracurricular Activities

1. A STATEMENT OF NEED AND PURPOSE

The Valley View Local School District Board of Education is concerned that students of the District are or may be using alcohol and illicit substances. Such usage threatens the health and safety of the student using the alcohol or illicit substances, other students, and the community at large. This Drug Testing Program for athletes, extracurricular participants, and parking permit holders reflects the Board of Education's and community's strong commitment to establish a truly drug-free and alcohol-free school program. The purpose of this program is fourfold:

- (1) to provide for the safety of all students;
- (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use alcohol and illicit substances;
- (3) to encourage students who use alcohol and/or illicit substances to participate in an appropriate treatment program; and
- (4) prevent the impact drug and alcohol use has on the learning centers of the brain allowing students to work towards their academic potential while a student within Valley View Schools.

2. DEFINITIONS

Vendor - The medical office or company selected by the Board of Education to carry out this Drug Testing Program, including its agents, employees, and any other individuals or entities who assist the Vendor in processing samples and performing urinalysis.

Designated Official - The individual designated by the District to oversee the Drug Testing Program.

Illicit substance - Any controlled substance or other drug as referenced and included within the scope of Title 21, United States Code Sections 802 and 812, the possession, use, distribution or purchase of which is prohibited by federal and/or state law. This definition also includes all prescribes 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. Anabolic steroids are included in the prohibition regarding controlled substances.

Alcohol – Any intoxicating liquor, beer, wine, mixed beverage, or malt liquor beverage as defined in the Ohio Revised Code Section 4301.01. The term includes any liquid or substance, such as “near beer,” which contains

alcohol in any proportion or percentage. The term 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 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 student's name and directions for use or b) an over-the-counter medicine.

Participant - Any student participating in a District athletic program or extracurricular activity and any student wishing to obtain a District parking permit.

Adulterant/Adulterated/Adulteration – Any attempt to alter the outcome of a urine drug test by adding a substance to the sample, attempting to switch the sample, or otherwise interfere with the detection of alcohol or illicit substances in the urine, or purposefully over hydrating oneself in an attempt to dilute the urine to decrease possible detection of alcohol or illicit substances.

3. PROCEDURES FOR PARTICIPANTS

a. Informed Consent for Testing

At the beginning of each year/season or when a student moves into the District, Participants and parents/guardians/custodians will complete and sign the appropriate **Valley View Schools Informed Consent Agreement for Student Athletes/Extracurricular Participants and Parking Permit Holders**. No student may participate in any athletic/extracurricular activity and/or receive a parking permit until these forms are properly executed and on file with the School.

b. Voluntary “Opt In” Student Drug Testing Program

Any student who is in grade 7 to grade 12, and is not a Student Participant, may be “Opted In” to a random drug testing. The student and the student's parents/guardians/custodian may opt the student into the school's testing program by completing the Opt In Consent Form (last page of this packet). The School may be required to identify the student at the time of testing.

The MRO is to notify the student's parents, and only the parents, of the test results. The results are not to be released to any other party without the written consent of the parent/guardian/custodian. Any Opt In student will not be penalized academically or under the penalties described below. The parent may request additional testing and/or counseling from the School but the parent will pay for additional testing and/or counseling.

c. Urine Drug Testing Frequency

At the beginning of each year/season or when a student moves into the District, all students wishing to participate in athletic/extracurricular activities, or park on campus may be subject to urine testing for alcohol and illicit substances at Board expense, which shall be accomplished on

a date and time coordinated between the District and the Vendor. Random testing of Participants shall be done throughout the year, even if the Participant is an athlete and his or her sport is not in season. The District's Vendor will use a system to ensure that Participants are selected in a random fashion from the pool of Participants who are subject to random testing. Participants may be tested more than once per season and/or year. Random testing will be unannounced, and the date(s) will be selected by the District and/or Vendor and shall not follow any recognizable pattern. Any Participant who refuses to submit to urine drug testing will be considered a positive test under article 4(a).

d. Sample Collection

Participants who are selected for random testing shall be escorted from class to the collection site. Any Participant selected randomly for urine drug testing who is not in school on the day of testing will be tested at the next available testing time. Participants not able to provide an adequate urine specimen at the testing time will be unable to participate or park on school grounds until the proper specimen is provided. Arrangements may be made for special collections at a Vendor Collection site with prior approval of the Building Principal or Designated Official. There may be an additional fee associated with the use of an off-site collection point.

The testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of the Participant. The test specimen shall be obtained in a manner designed to minimize the intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other facility behind a closed stall or other divider. Participants are required to follow the directives of the Vendor or the test may be invalidated and/or treated as Adulterated. Specimens are collected as split specimens. No purses, bags or containers may be taken into the collection area with the Participant. All extra coats, vests, jackets, sweaters, etc. are to be removed before entering the collection area.

If the Participant tests positive for one or more illicit substances that are not otherwise illegal, such as prescription medication, the parent/guardian/custodian may be contacted for appropriate documentation to demonstrate that the illicit substance was prescribed for the student or was used according to the over-the-counter drug manufacturer's instructions. If requested, such documentation shall be provided within five (5) working days. Failure to provide requested documentation within the timeline will be considered a positive result.

The following actions of the Participant will be treated as a positive test result:

- Failure to report to the collection site after notification, unless excused by the Building Principal or Designated Official
- Refusal to submit a urine sample when required under the Policy
- Refusal to follow the directives of employees at the testing site with regard to the testing procedures

- Tampering with the sample for testing or attempting to subvert the collection/identification process
- Adulterated samples
- Confirmed positive test results for alcohol or illicit substance
- Aiding and/or abetting another Participant in violating this Policy
- Refusal to submit to a re-test when required following an inconclusive, adulterated, or suspect result

4. PROCEDURES IN THE EVENT OF A POSITIVE RESULT

All drug test results are considered confidential information and will be handled accordingly. Positive drug test results will be reported to the Building Principal, who will be responsible for notifying the parent/guardian/custodian, Participant, and Designated Official. The Building Principal shall submit by certified mail a written letter to the parent/guardian/custodian regarding a positive result.

The Vendor's Medical Review Officer may, in his or her discretion, use quantitative results to determine if positive results on repeat testing indicate recent use of alcohol or illicit substances or the natural decline of levels of the alcohol or illicit substances from the body that would suggest usage prior to the student's participation in the Drug Testing Program under this Policy. If the Medical Review Officer believes, in his or her discretion, that the quantitative levels determined to be above the established cutoffs do not reflect current use, then a negative result may be reported.

If the parent/guardian/custodian or Participant wishes, they may request that the split portion of the specimen be submitted to another laboratory approved by the Board of Education for testing. This testing must be done at parent/guardian/custodian or Participant expense. Such a request must be made to the Building Principal in writing within five (5) working days from first notification of positive test results. The Participant shall not be permitted to participate or park while the results are pending. If the second result differs from the first result, the results shall be determined to be inconclusive and the student will be required to undergo an immediate retest through the Vendor as directed by the Building Principal or Designated Official.

a. First Positive Result

Athletes will forfeit 20% of their season. Extracurricular participants will forfeit 20% of their season or year, as applicable. Parking permit holders will forfeit their permit use for 20% of the school year. The Participant will participate in a drug/alcohol assistance program and will provided requested documentation of such participation to the Building Principal or Designated Official. Parents/guardians must pay for this expense. The Participant must also submit to follow-up drug tests at the parent/guardian/custodian expense and must have three consecutive negative tests to be reinstated. Failure to comply will result in indefinite suspension from activities and/or driving privileges until compliance is achieved.

b. Second Positive Result

Athletes will forfeit 40% of their season. Extracurricular participants will forfeit 40% of their season or year, as applicable. Parking permit holders will forfeit their permit use for 40% of the school year. The Participant must complete a program recommended by a certified substance abuse counselor and submit documentation of such completion to the Building Principal or Designated Official. Parents/guardians must pay for this expense. The Participant must also submit to follow-up drug tests at the parent/guardian/custodian expense and must have three consecutive negative tests to be reinstated. Failure to comply will result in indefinite suspension from activities and/or driving privileges until compliance is achieved.

c. Third Positive Result

The Participant will be barred from participation in any athletic activity, extracurricular activity and/ or parking on campus for at least one year. Prior to reinstatement the student must, in the discretion of the Designated Official, show significant progress toward rehabilitation from a certified substance abuse program. Parents/guardians must pay for this expense.

d. Fourth Positive Result

The Participant will be permanently denied participation in athletic/extracurricular activities and will be permanently denied parking privileges.

5. SELF REFERRAL

Participants who have never previously had a positive result may self-refer for assistance prior to receiving a positive result from a drug test. Such Participants will comply with the requirements set in section 4(a) of this policy, except there will be no forfeiture of the activity and/or driving privileges. Self-referrals may be used as a first offense only; the next positive result following a referral will be treated as a second positive result. A Participant may only self-refer one time while a student in the Valley View Schools.

6. NON-PUNITIVE NATURE OF POLICY

No Participant will be penalized academically for testing positive for alcohol or illicit substances. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the Valley View Local School District Board of Education will not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent, legal guardian, or custodian will be notified as permitted by law.

7. ILLICIT OR BANNED SUBSTANCES

For the purpose of this Policy, alcohol or illicit substances for which Participants may be tested include but are not limited to the following drug classes, substances or their metabolites:

Alcohol	Amphetamines	Anabolic Steroids
Barbiturates	Benzodiazepines	Cocaine Metabolites
LSD	Marijuana Metabolites	Methadone
MDMA (Ecstasy)	Opiates	
Phencyclidine	Propoxyphene	

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2019-2020

CONSENT FOR RANDOM DRUG TESTING: STUDENT PORTION

Student Name _____
(Please Print)

Grade _____

AS A STUDENT:

I have received and read the Student Code of Conduct, the Athletic Handbook (if I am participating in athletic activities), and the Policy and Procedure for Random Urine Drug Testing of Valley View Schools Students ("Drug Testing Policy"). I understand and agree that participation in athletic/extracurricular activities and holding a District parking permit are privileges that may be withdrawn for violations of any of these documents. I understand and agree to the consequences that I will face if I do not abide by the Code of Conduct, Athletic Handbook (if applicable), and Drug Testing Policy.

I understand that when I participate in any athletic/extracurricular activity of the District or hold a District parking permit, I may be subject to random urine drug and alcohol testing, and if I refuse or my test results are not negative, I will not be allowed to practice or participate in athletic/extracurricular activities or use a District parking permit. I hereby consent to undergo urinalysis through a District-selected vendor for the presence of illegal/illicit drugs or alcohol in accordance with the Athletic Handbook (if applicable) and Drug Testing Policy. I authorize the officers, employees, and agents of the District and/or its vendor to communicate and share information regarding any drug/alcohol test results both orally and in writing with individuals associated with the vendor who are involved in the testing process, my parents/guardians, and designated District employees or agents including the Building Principal. I understand that any such results will be treated in accordance with this consent and applicable confidentiality laws.

I hereby release, waive, and discharge the Valley View Local School District Board of Education, its individual members, employees, agents, and anyone acting on its behalf, as well as the vendor and its employees, agents, and anyone acting on its behalf, from any and all liability, claims, or causes of action arising from or relating to the urinalysis drug/alcohol testing for athletic/extracurricular participation and parking permit holders as authorized by this form, the Athletic Handbook (if applicable), and the Drug Testing Policy.

I understand and realize that there is a risk of injury in participating in physical activities and/or driving to school. I hereby release, discharge, and/or otherwise indemnify the Valley View Local School District Board of Education, its individual members, employees, and agents against any claim by or on behalf of myself as a result of my participation in athletic/extracurricular activities and/or driving to school.

I understand this agreement is binding while I am a student in the Valley View Local School District.

Student Signature

Date

2019-2020

CONSENT FOR RANDOM DRUG TESTING: PARENT/GUARDIAN PORTION

Student Name _____

Grade _____

(Please Print)

AS A PARENT/GUARDIAN/CUSTODIAN:

I have received and read the Student Code of Conduct, the Athletic Handbook (if the student is participating in athletic activities), and the Policy and Procedure for Random Urine Drug Testing of Valley View Schools Students ("Drug Testing Policy"). I understand and agree that participation in athletic/extracurricular activities and holding a District parking permit are privileges that may be withdrawn for violations of any of these documents. I understand and agree to the consequences that the above-named student will face for failure to abide by the Code of Conduct, Athletic Handbook (if applicable), and Drug Testing Policy.

I understand that when the above-named student participates in any athletic activity of the District or holds a District parking permit, he/she may be subject to random urine drug and alcohol testing, and if he/she refuses or if the test results are not negative, the student will not be allowed to practice or participate in athletic/extracurricular activities or use their parking permit. I hereby consent for the above-named student to undergo urinalysis through a District-selected vendor for the presence of illegal/illicit drugs or alcohol in accordance with the Athletic Handbook (if applicable) and Drug Testing Policy. I authorize the officers, employees, and agents of the District and/or its vendor to communicate and share information regarding any drug/alcohol test results both orally and in writing with individuals associated with the vendor who are involved in the testing process, the student, the student's parents/guardians, and designated District employees or agents including the Building Principal. I understand that any such results will be treated in accordance with this consent and applicable confidentiality laws.

I hereby release, waive, and discharge the Valley View Local School District Board of Education, its individual members, employees, agents, and anyone acting on its behalf, as well as the vendor and its employees, agents, and anyone acting on its behalf, from any and all liability, claims, or causes of action arising from or relating to the urinalysis drug/alcohol testing for athletic/extracurricular participation and parking permit holders as authorized by this form, the Athletic Handbook (if applicable), and the Drug Testing Policy.

I understand and realize that there is a risk of injury in participating in physical activities and/or driving to school. I hereby release, discharge, and/or otherwise indemnify the Valley View Local School District Board of Education, its individual members, employees, and agents against any claim by or on behalf of myself or the above-named student as a result of the student's participation in athletic/extracurricular activities and/or driving to school.

I understand this agreement is binding while the above-named student is a student in the Valley View Local School District.

Parent/Guardian/Custodian Signature

Date

Parent/Guardian/Custodian Signature

Date

2019-20 “OPT IN” CONSENT AGREEMENT
(Sign this form if parent wishes child to be randomly drug tested throughout the school year regardless of student activity/parking pass status.)

We hereby consent to allow the student named on this form to undergo drug testing for the presence of illicit drugs or banned substances **throughout the entire school year**. We understand that this program is performed by the Vendor *and not the School*. The School may be required to identify the student at the time of testing.

While the student will be tested in the same manner as students under the School’s Random Drug Testing Policy, students will not be subject to the Random Drug Testing Policy consequences.

Upon completion of the testing, the Vendor’s Medical Review Officer will notify the parent/guardian, and only the parent/guardian/custodian, of any results.

AS THE STUDENT:

I understand that I may be drug tested with my parents’ consent under the “Opt In” student drug testing program. I understand this agreement is binding while I am a student in the school system.

AS A PARENT/GUARDIAN/CUSTODIAN:

I understand that by signing this consent, I will allow the Vendor to perform drug and/or alcohol testing on my son or daughter, results of which will be released to me and only me.

Student’s Name: (PRINTED) _____

Date of Birth: _____

Grade: _____

Student’s Signature: _____

Date: _____

Parent/Guardian/Custodian’s Name (PRINTED) _____

Parent/Guardian/Custodian’s Signature: _____

Date: _____

2019-20 REFUSAL OF CONSENT

Sign this form if the parent does NOT want their child to be randomly drug tested anytime throughout the school year. By signing this form the parent is DENYING THE STUDENT ACCESS to participating in any school extracurricular activity, and denying their child the ability to purchase a parking pass.

We hereby do NOT consent to allow the student named on this form to undergo drug testing for the presence of illicit drugs or banned substances **throughout the entire school year**. By signing this form, the parent is stating they do NOT want their child to be randomly drug tested. The parent is denying the student access to participating in any school extracurricular activity, and denying their child the ability to purchase a parking pass.

AS THE STUDENT:

I understand that I may NOT be drug tested as my parents have denied permission for this. Due to this, I realize I may not participate in any extracurricular activities unless my parent signs the random drug testing form from the school which would allow me to be tested. I understand this agreement is binding while I am a student in the school system.

AS A PARENT/GUARDIAN/CUSTODIAN:

I understand that by signing this consent, I am **NOT** allowing the Vendor to perform drug and/or alcohol testing on my son or daughter. By signing this form, I am stating that I do NOT want my child to be randomly drug tested anytime throughout the school year, and denying my child the ability to purchase a parking pass.

Student's Name: (PRINTED) _____

Date of Birth: _____

Grade: _____

Student's Signature: _____

Date: _____

Parent/Guardian/Custodian's Name (PRINTED) _____

Parent/Guardian/Custodian's Signature: _____

Date: _____