

**DRUG TESTING POLICY  
LOWELLVILLE LOCAL SCHOOL DISTRICT**

The Lowellville Local Board of Education Drug Testing Policy was formed because of a concern that alcohol and illicit drugs may be used by Lowellville School students. The Lowellville Local School Board of Education desires to implement a policy which will attempt to provide this district with safe and healthful student programs. This policy reflects the Lowellville Board of Education and the community's strong commitment to establish a truly drug and alcohol free school. Because of the pervasive nature of drug use in our local schools, Lowellville Local Schools have selected student athletes, student drivers, students who participate in competitive extra-curricular 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, student volunteers and extracurricular activities from grades 6-12.

**PURPOSE OF THIS POLICY SHALL BE:**

1. To provide a healthy and safe environment to all students participating in the athletic and extracurricular programs.
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 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 free policy.
6. To encourage those students who participate in athletic, drive to school, opt-in 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 is established by means other than drug testing through this policy. The drug testing policy is designed to be non-punitive.

Students involved in extra-curricular 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 extra-curricular activities, a student may be suspended or expelled from school as a result of any certified "positive" test conducted by his/her school under this program.

Students will not be penalized academically for testing positive for banned substances that

occurred outside of school as determined by a thorough investigation.

Any student in grades six (6) through twelve (12) and his/her parent(s) or legal guardian(s) must first sign a drug testing registration/consent form in order to be eligible to participate in any one (1) or combination of the following:

- A. drive a motorized vehicle to school.
- B. driver education
- C. athletics
- D. extra-curricular activities other than athletics
- E. curriculum related activities

**DEFINITIONS**

1. **STUDENT ATHLETE**  
Any person participating in the Lowellville Local Schools athletic program and/or contests under the control and jurisdiction of the Lowellville Local Schools and/or the Ohio High School Athletic Association (OHSAA). This policy also includes cheerleaders and members.
2. **EXTRACURRICULAR**  
Any activity of a competitive nature that does not involve a grade and is Board approved.
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 Lowellville Local Schools. There are three athletic seasons: Fall, Winter, Spring.
4. **RANDOM SELECTION**  
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.
5. **ILLEGAL/ILLEGAL 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

*Drug Test*

*1*

*2*

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. Tests may also include 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 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.

## TYPES OF TESTING

### 1. TEAM TESTING

All eligible students will submit to urine and/or hair follicle drug and alcohol testing. 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.

### 2. RANDOM TESTING

In-session random testing is done throughout the season. Lovellville Local Schools may have up to 20% of its eligible students tested per random selection. A student may be tested more than once per season and/or if there is reasonable suspicion of violation of the Drug Testing Policy. In the event of a positive result, the specimen will be sent to a laboratory for confirmation of results and a certified Medical Review Officer will determine the results.

a. Random selection of student athletes:

*The Designated Personnel, under the Principal's 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 student athletes.*

b. Scheduling of random testing:  
Random testing will be unannounced. The day and date will be selected by the Designated Personnel and confirmed with the building administrator. Random testing may be done at any time.

### 3. DRUGS FOR WHICH STUDENTS MAY BE TESTED:

LSD, Alcohol, Marijuana, Amphetamines, Methadone, Anabolic Steroids, Mebaqualone, Barbiturates, Nicotine (Tobacco), Benzodiazepines, Opiates, Cocaine, Propoxyphene (Darvon), or any substance included in U.S.C. 802 (5), 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.

### 4. COLLECTION PROCESS (Urine and/or hair follicle screens)

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 be identified by the Designated Personnel or Principal. No exceptions will be allowed.

Drug testing area must be secured during the testing.

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

Privacy must be kept for all students.

The Designated Personnel is responsible for ensuring that all of the forms are completed and signed by both parent/guardian/custodian and student. No student is to enter the collection site until and proper identifications are completed.

When students arrive and cannot give a urine sample, they will need to start drinking water, pop or juice. After 36 oz. the human body will need to urinate.

No bags, backpacks, purses, cups, containers or drinks will be allowed to enter the collection area. All coats, vests, jackets, sweaters, hats, scarves or baggy clothing must be removed before entering the collection site. Only pants and t-shirts or dresses may be

worn in the collection area. Any infringement of the rules will result in the student taking the test over.

Students processed by the lab technician who cannot produce a sample will be kept in a secured area to wait until they can test. If they leave this area they will not be allowed to test. They are not to have contact with anyone until after the sample is given.

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 first time infraction. (The lab checks 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 first time offenses. They are not called positives 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 tester's 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 a 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.

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.

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 that tests positive will have to be tested weekly for the term of a six (6) week program with drug counseling at the expense of the student and or parent. Testing will be done by a reputable vendor/company that the school selects.

#### 5. RESULTS OF A POSITIVE TEST

Any positive drug test results will be made known to authorized District Personnel and other District staff on a need-to-know basis. The Superintendent and/or building administrator who in turn will notify the parents/guardians/custodians and student. The student who is in violation of the District Drug/Alcohol Policy may be suspended for ten (10) days out-of-school. Within three (3) days or as soon as the investigation ends after suspension a recommendation for expulsion will be made by the building administrator. The suspension may be reduced and/or expunged provided the student enters an approved counseling program and no further violations occur (administrators discretion). NOTE: In addition to the scheduled conference for eligibility, the student, his/her parents and activity advisor or coach are notified of the suspension pending expulsion hearing for violation of the District Drug/Alcohol Policy.

6. IF A POSITIVE TEST OCCURS AND IT IS DETERMINED THAT THE VIOLATION DID NOT OCCUR ON SCHOOL PROPERTY, DURING SCHOOL HOURS AND/OR DURING A SCHOOL RELATED ACTIVITY THEN:

#### The First Violation

For the first positive result, the student will be given the option of:

- A) The student will have to make an appointment with a certified chemical dependency counselor (or at an agency certified by the Ohio Department of Health or the Ohio Department of Alcohol and Drug Addiction Services) for a chemical dependency assessment and then follow the recommendations of the counselor. The parent/guardian/custodian is responsible for all expenses and for providing the Athletic Department with documentation that the athlete completed all recommendations of the counselor. The athlete will be denied participation for

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a minimum of 20% of the entire season. 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 the 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 and for one calendar year.

The Second Violation

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

The Third Violation

The student is permanently denied participation in all activities in the Lowellville Local Schools.

Violations are accumulative throughout the student's school career. (Grades 6-12)

7. SELF REFERRALS

A student may give a once a year self referral, which may be done only twice in 4 years. Self referrals can only happen before a test is done. Counseling and additional testing are required and no other punitive action is taken.

**LOWELLVILLE LOCAL SCHOOL DISTRICT INFORMED CONSENT AGREEMENT**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

AS A STUDENT:

- I understand and agree that participation in activities is a privilege that may be withdrawn for violations of the Lowellville Local 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 District approved program I will be subject to initial and random urine and/or hair follicle drug & alcohol testing, and if I refuse, I will not be allowed to practice or participate in any 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 Lowellville Local Schools system.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Lowellville Local School District drug testing policy and understand the responsibilities of my son/daughter/ward as a participant in activities in the Lowellville Local School District.
- I pledge to promote healthy lifestyles for all students in the Lowellville Local School system.
- I understand that my son/daughter/ward, when participating in any athletic and/or curriculum related program, will be subject to initial and random urine and/or hair follicle drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any 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 and/or curriculum related activities in the Lowellville Local School District.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT GUARDIAN/CUSTODIAN PRINTED NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**INFORMED CONSENT AGREEMENT**

We hereby consent to allow the student named on the reverse side to undergo urinalysis and/or hair follicle testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Policy and Procedures for Drug Testing of the Lowellville Local School District.

We understand that testing will be administered in accordance with the guidelines of the Lowellville Local School District Drug Testing Policy for students.

We understand that any urine and/or hair sample taken for drug testing will be tested only by a Board approved company.

We hereby give our consent to the company selected by the Lowellville Local School Board of Education, its employees, or agents, together with any company, hospital, or laboratory designated to perform urinalysis and/or hair follicle testing for the detection of drugs.

We further give our consent to the company selected by the Lowellville Local School 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.

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

We hereby release the Lowellville Local School Board or Education, its employees or agents from any legal responsibility or liability for the release of such information and records.

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.

We understand that if any portion of this Informed Consent Agreement and/or Policy is ruled to be illegal due to conflict with State or Federal law, the remainder of this Informed Consent Agreement and/or Policy shall remain in full force and effect.

# "Opt In" Student Drug Testing Program

Great Lakes Biomedical is pleased to provide affordable access to student drug testing at the request of the parents of legal guardian. With our Opt In student drug testing program we allow students not currently involved with extracurricular activities, as requested by parents within our school districts, to participate in the district's random student drug testing program. Results are 100% confidential and reporting goes directly to the parents.

### How the program works

- The parent/guardian can obtain our Opt In student drug testing consent within your district's office.
- Read and sign the Informed Consent Agreement. The student must also sign this agreement.
- Turn in the signed agreement and payment for the cost of the student drug testing. Identification of students may be required at the time of testing.
- Upon completion of the testing, the Medical Review Officer will finalize results and will notify the parent/guardian of any positive testing results. Results will not be released to any other party without written consent of the parent/guardian.
- If a positive test result occurs, the parent/guardian may request counseling or follow up testing within the program.

Our Opt In program is available to any student who is enrolled within the district. Great Lakes Biomedical will not attempt to diagnose substance abuse problems. We only want to provide another tool to parents and guardians in making informed decision on what might need to be done to help their children.

### Opt In Student Drug Testing Consent

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_

AS A STUDENT:

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

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

AS A PARENT/GUARDIAN/CUSTODIAN:

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

PARENT/GUARDIAN/CUSTODIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PARENT GUARDIAN/CUSTODIAN PRINTED NAME, PHONE, ADDRESS \_\_\_\_\_