



North Lake School District No. 14

57566 Fort Rock Road, Silver Lake, OR 97638 ♦ 541-576-2121 ♦ FAX 541-576-2705

Athletic Drug Testing Procedures and Consent Form

As part of the district's substance abuse prevention efforts and in accordance with North Lake School Board Policy JFCIA (School-Sponsored Athletics/Activities Drug Testing Policy), students in grades 9-12 who participate in extracurricular programs will be subject to random urinalysis drug testing in order to:

1. Provide for the student's health and safety by preventing the use of alcohol and drugs;
2. Undermine the effects of peer pressure, and;
3. Encourage participation in treatment programs for students with substance abuse problems.

No student involved in school-sponsored athletics and/or activities shall be penalized academically for testing positive for illegal drugs. Test results will not be documented in any student's education records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent a valid and binding subpoena or other legal process, which the district shall not solicit. In the event of a subpoena or other legal process, the district will notify the student's parents at least 72 hours prior to releasing the information.

Consent

Each student wishing to participate in school-sponsored athletics/activities and the student's parent(s) or legal guardian shall consent in writing to drug testing. No student shall be allowed to participate in athletics/activities without such consent.

Selection

All students involved in school-sponsored athletic/activities may be tested during the season in which they participate. Selection for random testing will be by lottery from a pool of all students involved in school sponsored athletics/activities at the time of the drawing.

The Superintendent shall take reasonable steps to assure the integrity, confidentiality, and random nature of the selection process including, but not limited to, assuring that:

1. The names of all participating students are in the pool;
2. The person drawing names has no way of knowingly choosing or failing to choose particular students for testing;
3. The identity of students drawn for testing is not known to those involved in the selection process;
4. The selection process is done by random selection based on a confidential student ID number, without knowledge of the student's name.

Medication

Participants will be asked at the time of collection if they have been or are taking prescription medication(s). The school may require the student to provide verification of the prescription. Students who refuse to provide verification and test positive will be subject to discipline for positive tests.

Sample Collection

Samples will be collected on the same day the student is selected for testing, or, if the student is absent on that day, the day the student returns to school. The student will remain under adult supervision until a specimen is produced. All students selected for testing will be given the option of using a privacy curtain or screen. If a student is unable to produce a sample at a particular time they will be allowed to provide the same at a later time. Students who refuse to provide a sample will be considered to have tested positive and will be subject to disciplinary actions.

Scope of Tests

The testing laboratory will test for alcohol and other classes of illegal drugs. Samples will not be screened for the presence of any substance other than alcohol or illegal drugs or masking agents. Samples will be split at the time of the testing. The duplicate samples will be sealed in the event a second test is required.

Limited Access to Results

The testing laboratory will report results only to the athletic director and the superintendent or the superintendent's designee in the event the superintendent is unavailable.

Consent

I understand that my performance 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 the North Lake School District Board. I authorize the North Lake School District to conduct a test for alcohol and drug use on a urine specimen, which I provide. I also authorize the release of information concerning the results of such consent pursuant to the Family Educational Rights and Privacy Act for the release of the above information to the parties named above.

I have received a copy of this release. I have read and understand the district policy and procedures.

Student Signature _____ Date _____

Parent Signature _____ Date _____