

Huron School District Drug Testing and Counseling Policy

The Huron School District, Drug Testing Policy was formed because of a concern that alcohol and illicit drugs may be used by Huron School District athletes. This policy acknowledges that the student athletic program is an integral part of the entire educational program. Through participation in the student athletic program, students are provided an opportunity for education and character-building experiences. The Huron Board of Education desires to implement a policy that will attempt to provide this district with a safe and healthful student athletic program. This policy reflects the Huron Board of Education and the community's strong commitment to establish a truly drug and alcohol free athletic program. This policy applies to all athletes from grade 7-12.

PURPOSE OF THIS POLICY SHALL BE:

1. To provide a healthy and safe environment to all students athletes participating in the athletic program.
2. To discourage all student athletes 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 athletes with the opportunity to become leaders in the student body for a drug-free school.
4. To provide solutions for the student athlete who does use drugs and alcohol.
5. To provide the athletic department with positive guidelines and disciplinary policies for violations of the drug free policy.
6. To encourage those students who participate in athletic programs to remain drug free and alcohol free.

DEFINITIONS:

1. **STUDENT ATHLETE**
Any person participating in the Huron High School athletic program and/or contests under the control and jurisdiction of the Huron Schools and/or the Michigan High School Athletic Association (MHSAA). Also to include side line cheer and Outdoor Challenge.

2. **ATHLETIC SEASON**

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

3. **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.

4. **ILLEGAL/ILLCIT DRUGS**

Any substance included in the 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.

5. **ALCOHOL**

Any intoxicating liquor, beer, wine, mixed beverage, or malt liquor beverage as defined in the M.C.L. 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. **RANDOM TESTING**

In-Season random testing shall be conducted during each sports season (i.e. fall, winter, spring). Random testing may be conducted more than one (1) time per sports season. An athlete may be tested more than once per sports season, or calendar year. Random testing will be unannounced. The day and date will be selected by the Athletic Director in conjunction with the building principal.

The names of all participants listed on team rosters will be provided to the testing company by the Athletic Director. The testing company will select, at random, a representative sample of 20% of all participants in grades 7-8 and 9 -12 for testing. The testing company MAY use one of the following methods for selecting the random sample: computer generated random numbers/names or drawing numbers from a pool of numbers equal to the number of student-athletes listed on rosters.

3. DRUGS FOR WHICH ATHLETES MAY BE TESTED:

LSD, Alcohol, Marijuana, Amphetamines, Methadone, Anabolic Steroids, Methaqualone, Barbiturates, Nicotine (Tobacco) Benzodiazepines, Opiates, Cocaine, Propoxyphene (Darvon) or 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.

4. A. COLLECTION PROCESS

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 the Athletic Director or Principal. No exceptions will be allowed.
- Drug testing area must be secured during the testing.
- Only technicians and students will be witness to the test.
- Privacy must be kept for all students.

The Athletic Director is responsible for ensuring that all of the forms are completed and signed by both a parent or guardian and the student athlete. No student is to enter the collection site until forms and proper ID are completed.

- When students arrive and cannot give a sample, they will need to start drinking water, pop or juice. After 36 ounces, the human body will need to urinate. Students will be required to remain in the testing area until they complete the test.
- Any student who is taking a medication must indicate so on the informed consent agreement. It must be a current prescription in the student's name (drugs of exception are most over-the-counter, birth control, normal aspirin, Tylenol, Excedrin, Advil, etc.) In the event of a question, students must be able to provide the principal with the prescription bottle for verification.
- 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 tee-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 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. 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 technician. The technician will stand outside the stall and listen for normal sounds of urination.
- The lab checks every sample for adulteration; such as additives you drink or add to urine to change the sample. They are not called positives but may have the same consequences. Any and all adulteration of the specimen or diluted specimens may be detected and considered the same as a test refusal or first-time violation. 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 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 technician.
- Students are not to flush the toilets or urinals. In the event that a student flushes the toilet s/he will be required to give a new sample immediately or the sample will be invalid.

- With student watching, the 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 walks out to talk 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 Huron School District Board of Education reserves the right to change the collection procedure to coincide with the testing guidelines set forth by the testing agency.
- Any student who tests positive may be tested during the term of a five-week program with drug counseling. Testing will be done by Great Lakes Biomedical only so long as this is the company the school selects.

4. B. ORAL SCREENING COLLECTION PROCESS

The students will be notified to report to the collection site. An oral 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 the athletic director or principal. No exceptions will be allowed.
- Drug testing area must be secured during the testing.
- Only lab technicians and students will be witness to the test.
- Privacy must be kept for all students.

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 enter the collection site until forms, money and proper ID are obtained.

- When students arrived to the collection site they will be asked to sign in with the Great Lakes Biomedical technician. Each student will be asked for a photo ID if not accompanied by the coach or athletic director.
- Each student upon signing in will be given a capsule with a random number that corresponds to the student's name. The student will then be instructed to take a seat in a monitored area.

- Technicians from Great Lakes Biomedical will approach each student with an oral swab. The technician will witness the student placing the swab in his/her mouth.
- The Great Lakes Biomedical technician will plunge the swab into each student's capsule once they have collected enough saliva. If the amount of saliva collected was not enough, the student must place the swab back in their mouth until the required amount is reached.
- Once enough saliva is collected the student will be instructed to take their capsule back to the check in table and give the capsule to the technician who will record the student as having completed the test.
- Once all students have completed the oral screening, the Great Lakes Biomedical technicians will test each sample and report any and all positive results.

5. RESULTS OF A POSITIVE TEST

Any positive drug test results will be made known to the building administrator, who in turn will notify the parents or guardian and the student. The Testing Company, after verification by their certified laboratory, will be responsible to determine if the urine or oral sample testing positive for drugs is the result of illicit use or from prescribed medications showing up in the urine or oral sample. If the student is taking a prescribed medication, it must be documented on the informed consent agreement, or verified by the student or parents.

Whenever a student athlete's confirmed test result indicates the presence of illegal drugs or banned substances, the following will occur:

- (a) A parent or guardian will be notified after the sample has been sealed and sent to a lab for confirmation.

6. IF A POSITIVE TEST OCCURS:

(A) Upon the first violation the student shall lose eligibility for a number of games equal to 25% of the regular season schedule. These events shall be consecutive starting with the first scheduled event after the confirmation of the violation. The student will also be required to participate in a drug assistance program beginning with an assessment from a certified chemical dependency counselor; then following the counselor's recommendations plus possible submission to future drug testing not to exceed five (5) weeks. The student must successfully complete the counseling program or else she/he will be deemed in violation of team training rules and will be ineligible to participate until the program has been completed.

(B). Upon confirmation of the second violation, the student athlete shall lose eligibility for a number of games equal to 5-% of the regular season schedule. These events shall be consecutive starting with the first scheduled event after the confirmation of violation. The student will also be required to participate in a drug assistance program beginning with an assessment from a certified chemical dependency counselor; then following the counselor's recommendations plus possible submission to future drug testing not to exceed five (5) weeks. The student must successfully complete the counseling program or else she/he will be deemed in violation of team training rules and will be ineligible to participate until the program has been completed.

(C). Upon confirmation of the third violation, the student-athlete shall be permanently denied participation in athletics in the Huron School District.

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

7. SELF REFERRALS

An athlete may give a self referral one (1) time during their four year tenure at Huron High School. A student-athlete can only self refer BEFORE a test is taken. The student will also be required to participate in a drug assistance program beginning with an assessment from a certified chemical dependency counselor; then following the counselor's recommendations plus future drug testing are required. NO other punitive action is taken upon the student athlete's referral.

**Huron School District
INFORMED CONSENT AGREEMENT**

STUDENT NAME: _____ GRADE: _____

AS A STUDENT:

- I understand and agree that participation in athletic activities is a privilege that may be withdrawn for violations of the Huron 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 drug and 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 on the reverse and agree to its terms.
- I understand this agreement is binding while I am a student in the Huron School District system.

Student Signature

Date

AS A PARENT OR GUARDIAN:

- I have read the Huron School District Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in athletic activities in the Huron School District.
- I pledge to promote healthy lifestyles for all student athletes in the Huron School District.
- 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 s/he refuses, will not be allowed to practice or participate in any athletic activities. I have read the Informed Consent Agreement on the reverse and agree to its terms.
- I understand this agreement is binding while my son/daughter/ward is a participant in athletics in the Huron School District.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Work Phone

INFORMED CONSENT AGREEMENT

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

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

We understand that any urine/oral sample taken for drug testing will be tested only by a Board of Education approved company.

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

We further give our consent to the company selected by the Huron School District 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 or guardian.

We hereby release the Huron School District Board of 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, the M.C.L. for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

**INFORMED CONSENT AGREEMENT
PRESCRIPTION DOCUMENTATION FORM**

If you are taking medications please complete this form and return it to the Principal in a sealed envelope. In the event of a positive test, the sealed envelope will be turned over to the testing company.

Student Name: _____ Grade: _____

Please list all prescription medication that are currently prescribed in the student's name. Over the counter drugs, birth control, normal aspirin, Tylenol, Excedrin, Advil, Etc., are not required to be listed.

*Note: Students testing positive for prescription medication not prescribed to them will be treated as a first violation.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Or the option listed below:

Will personally verify to the lab a list of medications only if needed.

Parent/Guardian Signature

Date