



Code: JFCIA-AR
Adopted: 08/11/03

VOLUNTARY STUDENT ATHLETIC DRUG TESTING

CONSENT

Each student athlete wishing to participate in voluntary drug testing and the student's parent(s) shall consent in writing. Written consent shall be in the form attached to this administrative regulation. No student shall be tested without such consent.

SELECTION

Random testing will be conducted weekly during each athletic season. Selection for random testing will be by lottery from a pool of all student athletes participating in the given sport 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 student athletes 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 know to those involved in the selection process;
4. The selection process is observed by at least two adults.

MEDICATION

Participants who have been or who are taking prescription medication may provide verification by providing either a copy of the prescription or their doctor's authorization. Information provided will be sealed in an envelope and forwarded with the sample to the testing lab. Students who refuse to provide verification and test positive will be subject to discipline procedures in accordance with provision of the District's Athletic Participation Policy (IGD-AR).

TESTING

Testing will be conducted by a laboratory selected by the district. Chain of custody procedures, as recommended by the laboratory, will be followed.

Samples will be collected at a mutually convenient time on the same day the student is selected for testing or, if the student is absent on that day, on the day of the student's return to school. If a student is unable to produce a sample at any particular time, the student will be allowed to return

later that same day to provide the sample. All students selected for testing will be given the option of providing samples in private.

Students who refuse to provide a sample will be considered to have tested positive and will be subject to the discipline procedures in accordance with provision of the District's Athletic Participation Policy (IGD-AR).

The testing laboratory will test for one or more illegal drugs. The superintendent shall decide prior to selection of students which illegal drugs shall be screened.

Samples will be split at the time of testing. The duplicate samples will be sealed and maintained by the laboratory in the event a second test is requested.

The testing laboratory will report results only to the superintendent or the superintendent's designee.

POSITIVE TEST RESULTS

If the student's test results indicate the presence of illegal drugs, the following will occur:

1. The student or parent may request within 72 hours of a positive test notification that the second specimen sample be tested;
2. If the second sample tests negative, the student and parent will be notified and no further action will be taken. If the second sample tests positive, notification will be made and a meeting will be scheduled with the student, the parent(s) and the building principal.

DISCIPLINE

Due process procedures will be followed for all discipline arising from violation of the district's policy. Discipline shall be in accordance with the provision of the District's Athletic Participation Policy (IGD.AR).

Relationship to Student Discipline Policies

Normal disciplinary measures which may affect eligibility are still applicable for violations which do not arise from these testing procedures.

Click [HERE](#) to download the following form in Microsoft Word format.

**VOLUNTARY STUDENT ATHLETIC DRUG TESTING
AUTHORIZATION FORM**

I understand that my performance as an athlete and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby voluntarily agree to accept and abide by the standards, rules and regulations set forth by the Crook County School District Board.

I also authorize the Crook County School District to conduct a test for drug use on a urine specimen which I provide. I also authorize the release of information concerning the results of such a test to the district and to my parent(s).

This shall be deemed a 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 administrative regulations.

Student Signature

Date

Parent Signature

Date