



MARGARETTA LOCAL SCHOOL DISTRICT
POLICY AND PROCEDURES FOR DRUG TESTING

The Margaretta Local School District (“District”) Board of Education (“Board”) Drug Testing Policy was formed in an effort to deter District students from using alcohol and illicit drugs. This policy reflects the Board and the community’s strong commitment to establishing a truly drug and alcohol free school program. This policy shall apply to eligible students in grades 7-12. Eligible students include athletes, students participating in co-curricular/extra-curricular activities, students who opt in to the drug/alcohol testing program, and student drivers parking on school property. (Attachment A.)

THE PURPOSE OF THIS POLICY SHALL BE:

1. To continue to provide a healthy and safe environment to all students.
2. To encourage students to remain drug free.
3. To provide a legitimate reason for students to refuse drugs and alcohol due to peer pressure.
4. To provide solutions for students using drugs or alcohol.

The random drug testing 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. No student will be suspended or expelled from school as a result of any certified “positive” test conducted pursuant to this policy.

No student will be penalized academically for testing positive for banned substances. The results of a drug test will not be documented in any student’s academic record. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities without legal compulsion by valid and binding subpoena or other legal process, which the Margaretta Local School District will not solicit. All students and parents/guardians/custodians must sign an “Informed Consent Agreement” (Attachments B and C) for drug testing in order to be eligible to participate in athletics, extra-curricular/co-curricular activities, to drive to school and park on school property, or to voluntarily participate in the drug/alcohol testing program. This policy includes all students involved in an activity in “club” or “pilot” status.

The principal/designee will make all final decisions regarding any drug testing issues within his/her building.

For the purpose of this policy, the word “drug” is defined as any illegal/illicit drug and/or alcohol.

DEFINITIONS:

1. Athletics: Any person participating in a District-sponsored athletic program and/or contests under the control and jurisdiction of the District and/or the Ohio High School Athletic Association (OHSAA). (Attachment A.)
2. Extra-Curricular: Any District-sponsored club, group, team or activity that does not involve a grade. (Attachment A.)
3. Co-Curricular Activities: Any District-sponsored co-curricular activity. (Attachment A.)
4. Random Selection: A system of selecting students for drug and alcohol testing in which each student shall have an equal chance of being selected each time selections are required.
5. Illegal/Illicit Drugs: Any controlled substance included in 21 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. This definition also includes Nicotine and Steroids.
6. Alcohol: Any intoxicating liquor, beer, wine, mixed beverage, or malt liquor beverage as defined in O.R.C. §4301.01. The term “alcoholic beverage” includes any liquid or substance 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 Board policy and District 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.
7. Student Driver: Students who drive to school and park on school property.
8. Drug Assessment and Counseling: A program designed to assess the degree of dependence of a student on mood-altering chemicals or other illegal substances. Such a program shall include an education component designed to teach the harmful nature of the mood-altering chemicals and any follow-up counseling and/or treatment deemed necessary by the assessing agency. The costs of any such chemical assessment,

educational component, counseling and/or treatment shall be the responsibility of the student and/or his/her parent/guardian/custodian.

9. Eligible Students: Students in grades 7-12 who meet any of the following descriptions: 1) student athletes; 2) students participating in co-curricular or extra-curricular activities; 3) students who drive to school and park on school property; and 4) students who “opt in” to the drug/alcohol testing program.

TYPES OF TESTING:

RANDOM TESTING

At the beginning of each athletic season and/or school year, all eligible students may be subject to random urine drug testing. The collection process will take place on school property or at a Board approved testing facility. The head coach or advisor/instructor for each extra-curricular/co-curricular activity and principal/designee are responsible for ensuring that all eligible students and their parents/guardians/custodians sign and submit to the District the “Informed Consent Agreement” for drug testing. Random testing may be done throughout the season and/or school year. In the event of a non-negative result, the specimen will be sent to a laboratory and a certified Medical Review Officer will verify the results.

1. **Random Selection of Students**: The drug testing company selected by the Board will utilize a random number generator to select eligible students for testing. Eligible students may be tested more than once per season and/or school year.
2. **Scheduling Random Testing**: Random testing will be unannounced. The drug testing date and times will be selected by the principal/designee. The frequency and percentage of students tested each time will be determined by the principal/designee.

“OPT IN” STUDENT DRUG TESTING PROGRAM

The Parents/Guardians/Custodians of students who are not involved in athletics, extra-curricular/co-curricular activities and/or who do not drive to school and park on school property may have their students participate in the drug testing program at the expense of the parent/guardian/custodian, provided they sign and submit the Informed Consent Agreement to their student’s principal/designee. Interested parents/guardians/custodians should contact the principal/designee for additional information. (Attachment D.)

DRUGS FOR WHICH STUDENTS MAY BE TESTED:

LSD, Alcohol, Marijuana, Amphetamines, Methadone, Anabolic Steroids, Methaqualone, Barbiturates, Nicotine (Tobacco), Benzodiazepines, Opiates, Cocaine, Propoxyphene (Darvon) Heroin, Fentanyl, or any substance included in 21 U.S.C. §802(6) (amended annually), 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. Eligible student will also be tested for nicotine and steroids.

REFUSAL TO TEST:

Refusal to submit to a random or reasonable suspicion test will constitute a violation of this policy and will be treated as a positive test result.

COLLECTION PROCESS (Urine Screens):

The eligible student will be notified to report to the collection site. A specimen from the eligible student will be collected as follows, and all eligible students must follow this process:

1. All eligible students must have a picture ID or be identified by the principal or designee. No exceptions will be allowed.
2. Drug testing area must be secured during the testing, as determined by the principal/designee.
3. Only lab technicians, designated school administrators and eligible students will be present for the testing.
4. The principal/designee is responsible for ensuring that all of the necessary forms, including the Informed Consent Agreements, are completed, signed, and submitted by both parent/guardian/custodian and eligible student. No eligible student is to enter the collection site until all necessary forms are completed, signed, and submitted and proper ID is presented.
5. When eligible students arrive and cannot give a sample, they will be instructed to drink water provided by the principal/designee.
6. No bags, backpacks, purses, cellphones, cups, containers or drinks will be allowed to enter the collection site. All coats, vests, jackets, sweaters, hats, scarves, or baggy clothing must be removed before entering the collection site. Any infringement of the rules will result in the student taking the test over.
7. Eligible students processed by the lab technician who cannot produce a sample will be kept in a secured area to drink water until they can provide a sample. If they leave this area without permission and without providing a sample, they will be subject to the consequences of a positive drug test. They are not to have contact with anyone until after the sample is given.
8. Eligible students will be asked to hold out their hands and a sanitizer will be put on their hands or will wash their hands with soap and water. The bathroom personnel will add a dye to the toilet.

9. Eligible students will be asked to urinate directly into the collection cup given to them by the lab technician. The lab technician will stand outside the stall/restroom and listen for normal sounds of urination.
10. Any and all adulterations of the specimen will be detected and considered a violation of this policy, and the student will receive consequences as outlined in the policy. (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 have the same consequences.
11. Any suspicion of tampering with the sample will be brought to the principal's/designee's attention. The sample will be screened or sent to the lab for immediate confirmation of tampering.
12. The sample must be taken in one attempt and be at least 30 ml in size. The eligible student must hand the sample to the lab technician.
13. Eligible students are not to flush the toilets or urinals. In the event that an eligible student flushes the toilet/urinal, he or she will be required to give a new sample immediately or the sample will be invalid.
14. With the eligible student watching, the lab technician will recap the sample and hand it to the eligible student, who must then return it to the intake technician. In the event that the eligible student does not hand the sample directly to the intake technician, the sample is invalid and a new sample must be taken. If the eligible student leaves the collection area or has contact with anyone, the sample will be invalid and the eligible student will have to give another sample.

This collection procedure is subject to change because of procedural requirements by the testing agency. The Board reserves the right to change the collection procedure to coincide with the testing guidelines set forth by the testing agency.

RESULTS OF A POSITIVE TEST:

1. The Medical Review Officer will review all "non-negatives" or suspected adulterations.
2. Depending upon the substances found in the urine specimen, the parent/guardian/custodian will be contacted to determine if the eligible student is taking any prescribed medication from a physician.
3. If the eligible student is taking prescribed medication, the parent/guardian/custodian will be asked to obtain a letter within five (5) school days from the prescribing physician verifying that the medication is prescribed. Failure to provide such requested information will be considered a positive result.
4. The Medical Review Officer will then determine if any of the prescribed medications resulted in a positive drug screen.

5. The Medical Review Officer may use quantitative results to determine if positive results on repeat testing indicate recent use of illicit or banned substances or the natural decline of levels of illicit or banned substances from the body. If the Medical Review Officer believes the quantitative levels determined to be above the established cutoffs do not reflect current use but natural decay, then a negative result may be reported.
6. The Medical Review Officer, based upon the information given, will certify the drug test results as positive or negative. Positive results will be reported to the principal/designee by telephone.
7. The principal/designee, within one (1) school day of receiving the test results from the drug testing company, will attempt to notify the parent/guardian/custodian (first and preferably by telephone) of the positive results. The principal/designee will then provide a written notification to the parent/guardian/custodian via certified U.S. mail. The eligible student will then be informed of the positive results.
8. If the parent/guardian/custodian or eligible student wishes to contest the results, the drug testing company will arrange for a retest of the specimen to be submitted to either the same laboratory or a different laboratory (if requested by the parent/guardian/custodian) approved by the principal/designee. The parent/guardian/custodian or eligible student must pay for this expense. Such a request must be made to the principal/designee in writing within five (5) school days from the first notification of the positive test results.

IF A POSITIVE TEST OCCURS:

Consequences for violations of the Drug Testing Policy are immediate, unless specified otherwise in this policy, and cannot be delayed due to the contesting of drug testing results.

1. First Violation:
 - a. The eligible student will make an appointment with a chemical dependency counselor for a drug assessment and then follow the recommendations of the counselor. The counselor and/or agency must be certified by the Ohio Department of Health or the Ohio Department of Alcohol and Drug Addiction Services. Parents/Guardians/Custodians must pay for this expense.
 - b. The eligible student will be denied 40% of participation in athletics. The eligible student will be denied participation of the current season, with any remaining percentage of the denial of participation applied to the next season of participation if needed. The eligible student may continue to practice with the team and sit with the team during contests only. The eligible student may not wear a team uniform during this denial of participation.
 - c. The eligible student will be denied 30 school days of driving/parking privileges on school property.

- d. The eligible student will be denied participation for 30 calendar days of all extra-curricular/co-curricular activities, with any remaining days of the denial of participation applied to the next season of participation if needed. The eligible student may not attend club meetings and/or participate in off campus trips or special events. In the case of performing arts, an eligible student may continue to practice with the group but not participate in the performance. The eligible student may not wear a uniform during this denial of participation.

2. Second Violation:

- a. The eligible student will make an appointment with a chemical dependency counselor for a drug assessment and then follow the recommendations of the counselor. The counselor and/or agency must be certified by the Ohio Department of Health or the Ohio Department of Alcohol and Drug Addiction Services. Parents/Guardians/Custodians of the eligible student must pay for this expense.
- b. The student is denied participation in athletics, extra-curricular/co-curricular activities (which does not include class time), and driving/parking privileges for one calendar year. The calendar year begins from the date of notification of the violation.

3. Third Violation:

The eligible student will be permanently denied participation in athletics, extra-curricular activities, driving/parking privileges, and co-curricular activities (with no class time missed and no academic impact) immediately. The principal/designee will determine the beginning date for denial of participation in co-curricular activities.

Violations are accumulative throughout the eligible student's school career (grades 7-12)

ATTACHMENT A

Student Athletics, Extra-Curricular and Co-Curricular Activities:

Football
Basketball
Swimming/Diving
Wrestling
Baseball
Softball
Track
Cross Country
Golf
Volleyball
Cheerleading
Music/Drama
Yearbook/High School Newspaper
Academic Team
Student Government
National Honor Society
Varsity "M"
International Club
S.A.D.D.

INFORMED CONSENT AGREEMENT

STUDENT NAME _____

GRADE _____

I hereby consent to undergo urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Margareta Local School District Board Policy.

I understand that testing will be administered in accordance with the guidelines of the Margareta Local School District Drug Testing Policy for student athletes, extra-curricular/co-curricular activity participants, students driving to school and parking on school property, and students who “opt in” to such testing.

I understand that any urine sample taken for drug testing will be tested only by a Board-approved company.

I hereby give my consent to the company selected by the Margareta Local School District Board of Education, its employees or agents, together with any company, hospital, or laboratory designated to perform urinalysis testing for the detection of drugs.

I further give my consent to the company selected by the Margareta Local School District Board of Education, its employees or agents, to release all results of these tests to designated School District employees or agents. I understand that these results will also be available to me upon request.

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

I hereby release the Margareta Local School District 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 O.R.C. §3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

AS A STUDENT:

- I understand and agree that participation in athletic activities, extra-curricular/co-curricular activities, and driving to school and parking on school property are privileges that may be withdrawn for violations of the Margareta Local School District Drug Testing Policy.

- I have read the Drug Testing Policy and thoroughly understand the consequences of a positive drug test under the Drug Testing Policy.
- I consent to be tested for drugs and alcohol in accordance with the terms of the Drug Testing Policy.
- I understand that a refusal to be tested in accordance with the Drug Testing Policy will result in my prohibition from participation in athletics, extra-curricular and co-curricular activities, and/or from parking on school property.
- I have read this Informed Consent Agreement and agree to its terms.
- I understand that this agreement is binding while I am a student in the Margareta Local School District.

STUDENT SIGNATURE

DATE

INFORMED CONSENT AGREEMENT

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

WORK PHONE

PARENT/GUARDIAN/CUSTODIAN PRINTED NAME

WORK PHONE

STUDENT NAME

GRADE

I hereby consent to allow the above-named student to undergo urinalysis testing for the presence of illicit drugs, alcohol, or banned substances in accordance with Margareta Local School District Board Policy.

I understand that testing will be administered in accordance with the guidelines of the Margareta Local School District Drug Testing Policy for student athletes, extra-curricular/co-curricular activity participants, students driving to school and parking on school property, and students who “opt in” to such testing.

I understand that any urine sample taken for drug testing will be tested only by a Board-approved company.

I hereby give my consent to the company selected by the Margareta Local School District Board of Education, its employees or agents, together with any company, hospital, or laboratory designated to perform urinalysis testing for the detection of drugs.

I further give my consent to the company selected by the Margareta Local School District Board of Education, its employees or agents, to release all results of these tests to designated School District employees or agents. I understand that these results will also be available to me upon request.

I hereby release the Margareta Local School District 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 O.R.C. §3319.321, for the release of the test results as authorized by the Informed Consent Agreement or as required by law.

AS A PARENT/GUARDIAN/CUSTODIAN:

- I have read the Margareta Local School District Drug Testing Policy and understand the responsibilities of my son/daughter/ward as a participant in athletics, extracurricular/co-curricular activities, and/or driving to school and parking on school property.
- I pledge to promote healthy lifestyles for all students in the Margareta Local School District.
- I understand that my son/daughter/ward, when participating in athletics, extracurricular/co-curricular activities, and/or driving to school and parking on school property, will be subject to random urine drug and alcohol testing, and if he/she refuses, will not be allowed to practice or participate in any athletics, extracurricular/co-curricular activities, and/or drive to school and park on school property.
- I have read this Informed Consent Agreement and agree to its terms.
- I understand that this agreement is binding while my son/daughter/ward is a participant in athletics, extracurricular/co-curricular activities, and/or drives to school and parks on school property.

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

PARENT/GUARDIAN/CUSTODIAN SIGNATURE

DATE

“Opt In” Student Drug Testing Program

Great Lakes Biomedical is pleased to provide affordable access to student drug testing at the request of the parent/guardian/custodian. 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/custodian 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 an Informed Consent Agreement.
- Turn in the signed agreements 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/custodian of any positive testing results. Results will not be released to any other party without written consent of the parent/guardian/custodian.
- If a positive test result occurs, the parent/guardian/custodian 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/guardians/custodians in making informed decisions 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 parents’/guardians’/custodians’ consent under the **Opt In** student drug testing program. I understand this agreement is binding while I am a student in the District.

STUDENT SIGNATURE

DATE

AS A PARENT/GUARDIAN/CUSTODIAN:

I understand that, by signing this consent, I will allow the 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 SIGNATURE

DATE

PARENT GUARDIAN/CUSTODIAN PRINTED NAME, PHONE, ADDRESS