

***VAN BUREN SCHOOL DISTRICT
MANDATORY DRUG TESTING***

STUDENT DRUG TESTING POLICY

MISSION STATEMENT:

The Van Buren School District recognizes that drug abuse is a significant health problem for students, detrimentally affecting overall health, behavior, learning ability, reflexes, and the total development of each individual. The Van Buren Board of Education is determined to help students by providing another option for them to say “ No”. Drug abuse includes, but is not limited to, the use of illegal drugs, alcohol, and the misuse of legal drugs and medications.

DEFINITIONS:

Drug:

Any substance considered illegal by Arkansas Statutes or which is controlled by the Food & Drug Administration unless prescribed by a licensed physician.

Activity Programs:

Any Activity that meets the guidelines of the Arkansas Activities Association. These activities are listed below:

Baseball	Academic Decathlon	National Honor Society	Beta Club
Basketball	Band	Partners In Christ	Chess Club
Bowling	BEST Robotics	Quill & Scroll	Drama Club
Cheerleading	Choir	Quiz Bowl	French Club
Cross Country	FBLA	SADD	German Club
Drill Team	FCA	Speech-Debate	Mu Alpha Theta
Football	FCCLA	Student Senate	Partners Club
Golf	FTA	Teenage Republicans	Social Studies Club
Softball	House of Representatives	Young Democrats	Spanish Club
Tennis	Multicultural Club	Yearbook	
Track	Newspaper	Art Club	

Volleyball

Others that may be formed.

School Year:

From the first day of classes in the fall, unless the activity begins prior to the first day of classes, in which event, from the first day of practice through the last day of classes in the spring.

POLICY STATEMENT:

Van Buren School District (“ the district”) is conducting a mandatory drug-testing program for students. Its purpose is threefold: (1) to provide for the health and safety of students in all Activity Programs grades 7-12; (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs; and (3) to encourage students who use drugs to participate in drug treatment programs.

PROCEDURES FOR STUDENTS:

Consent: Each student wishing to participate in any activity program and the student’ s custodial parent or guardian shall consent in writing to drug testing pursuant to the District’ s drug testing program. Written consent shall be in the form attached to this policy as FORM A. No student shall be allowed to participate in any activity program absent such consent.

Students not involved in activities may be allowed to voluntarily participate in the testing pool with a consent form signed by the parent.

Student Selection: At the option of the district, all students in activity programs may be drug tested at the beginning of the school year. In addition, random testing will be conducted biweekly (every two weeks) during the school year. Selection for random testing will be by lottery drawing from a “ pool” of all students participating in activity programs in the district at the time of the drawing. A single test can be required by a principal from a student for reasonable suspicion. The superintendent shall take all reasonable steps to assure the integrity, confidentiality and random nature of the selection process including, but not necessarily limited to, assuring that the names of all participating students are in the pool, assuring that the person drawing names has no way of knowingly choosing or failing to choose particular students for the testing, assuring that the identity of students drawn for testing is not known to those involved in the selection process and assuring direct observation of the process by the least intrusive means possible while assuring brevity and privacy.

SAMPLE COLLECTION:

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 providing samples will be given the option of doing so alone in an individual stall with the door closed.

TESTING AGENCY:

The district will choose a qualified agency for the purpose of processing sample results and maintaining privacy with respect to test results and related matters.

PRESCRIPTION MEDICATION

Students who are taking prescription medication may provide a copy of the prescription or a doctor's verification, which will be considered in determining whether a "positive" test has been satisfactorily explained. That documentation will be forwarded to the testing lab with instructions for the lab to consider the student's use of such medication to assure the accuracy of the result. Students who refuse to provide verification and test positive will be subject to the actions specified below for "positive tests."

SCOPE OF TESTS

The drug screen tests for one or more illegal drugs. The superintendent or his designee shall decide from week to week which illegal drugs shall be screened, but in no event shall that determination be made after selection of students for testing. Student samples will not be screened for the presence of any substances other than an illegal drug or for the existence of any physical condition other than drug intoxication. As a quality control measure, the school reserves the right to send any urine sample that appears unusual in color and/or consistency to a laboratory for testing and confirmation or non-confirmation.

LIMITED ACCESS TO RESULTS

The results will be reported only to the superintendent or to such person as the superintendent may designate in the event the superintendent is absent.

PROCEDURES IN THE EVENT OF A POSITIVE RESULT

Whenever a student's test result indicates the presence of illegal drugs ("positive test"), the following will occur: If the sample tests positive, a custodial parent or legal guardian will be notified and a meeting will be scheduled with the Superintendent or his designee, the student, the custodial parent or legal guardian, and the student's principal and head coach or sponsor.

FIRST POSITIVE RESULT

For a positive result, the student will be placed on probation and not be allowed to participate in competitions, presentations and activities of Van Buren Schools for a period of twenty days. The student will be recommended for counseling, if any charge is incurred, it will be the responsibility of the parents.

On day twenty-one, the student will be allowed to be retested (at the expense of parent-guardian). If the tests results are found to be negative, the student will again become eligible for competitions, presentations and activities relating to Van Buren Schools. However, the student must submit to a mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian. The duration to be determined by the intervention program. (A maximum of six months.)

A student may be required to practice or participate in off-season activities at the head coach's or sponsor's discretion. He/she cannot compete or dress out for any competition.

SECOND POSITIVE RESULT

For the second positive result in the same year or any two consecutive calendar years, the student will be suspended from participating in activities for the remainder of the school year. If this positive test is in the spring semester, the student will not be able to participate during the following fall semester.

THIRD POSITIVE RESULT

For the third positive result, the student will be suspended from participating in activities for the remainder of his enrollment with the school (may be appealed to the board).

NON-PUNITIVE NATURE OF POLICY

No student shall be penalized academically for testing positive for illegal drugs. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the district shall not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent or legal guardian will be notified as soon as possible by the district.

OTHER DISCIPLINARY MEASURES

The District by accepting this policy is not precluded from utilizing other disciplinary measures set forth in the Student Discipline Policy and this policy does not preclude the District from taking disciplinary procedure and resulting action when founded upon reasonable belief and suspicion that a student has participated in drug related activities.

***VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS***

**DRUG TESTING POLICY
GENERAL AUTHORIZATION FORM A**

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Van Buren School District Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by Van Buren School District Board and the sponsors for the activity in which I participate.

I also authorize Van Buren School District to conduct a breath scan or a urinalysis to test for drugs and/or alcohol use. I also authorize Van Buren School District to conduct random tests during the current school year. I authorize the release of information concerning the results of such a test to the Van Buren School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Name (Printed)

Student Signature

Date

Parent/Guardian Signature

Date

VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS

**Notification of Violation of
Drug Screen Testing Policy**

I, _____ am the custodial parent/legal guardian of _____ a student in the Van Buren School District. I have been notified by officials of Van Buren School District that _____ (student' s name) has tested positive during the drug test administered under the provisions set by the Van Buren School District.

The student is hereby recommended for counseling, if any charge is incurred, it will be the responsibility of the parents. The student will also be placed on probation and not be allowed to participate in competitions, presentations and activities of Van Buren Schools for a period of twenty days.

On day twenty-one, the student will be allowed to be retested (at the expense of the parent/guardian) under the guidelines set for in the Drug Screen Test Policy. I, the custodial parent/legal guardian, understand that if the test results are found to be negative, the so named student will again become eligible for competitions, presentations and activities relating to Van Buren Schools. I also understand that there will be a minimum mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian. The duration to be determined by the intervention program. (A maximum of six months.)

If the test results are positive, the so named student will be suspended from competition, presentations and activities relating to Van Buren Schools for remainder of the school year. If the positive test is in the spring semester, the student will not be able to participate during the following fall semester. In addition to the suspension, the student will be immediately referred for professional counseling and rehabilitation at the expense of the parent.

Custodial parent/ legal guardian

School Official

Custodial parent/ legal guardian

Date

VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS

**Notification of Second Positive Results of
Drug Screen Test**

I, _____ custodial parent/legal guardian of _____ a student in the Van Buren School System, was notified on _____ (date) of the first positive drug screen test results of the so named student by _____ (School Official). At that time, I understood that the student would be on probation and not be allowed to participate in competitions, presentations and activities of Van Buren Schools for a period of twenty days. I understood that on day twenty-one, at my own expense, I could request a second test administered under the guidelines set forth in the Van Buren School District's Drug Screen Policy. I, custodial parent/legal guardian of the so named student, was notified of the second positive test results on the date of _____ (date) by _____ (School official).

I understand that under the Van Buren School District's Drug Abuse Policy, which I, the custodial parent/guardian consented to when I signed the consent form, the so named student will be suspended from competitions, presentations and activities for the remainder of the school year. If this positive test is in the spring semester, the student will not be able to participate during the fall semester. I also understand that I should seek professional counseling and rehabilitation for the named student.

Custodial parent/legal guardian

School Official

Custodial parent/legal guardian

Date