

RTHS STUDENT RANDOM DRUG TESTING PROGRAM

1. Prologue

The Board of Education of Rochelle Township High School District 221 finds that the use of tobacco, alcohol and illegal drugs by students participating in extra-curricular activities presents a current threat to the safety, health and welfare of both our employees and our students. Because of the risks associated with such abuse, the Board is implementing a student testing program for drugs, alcohol and tobacco as a condition of participation in extra-curricular activities.

Participation in extra-curricular programs is a privilege, not a right. Students who participate in extra-curricular activities voluntarily sacrifice certain expectations of privacy. As representatives of the School, they also assume the responsibility to present good examples of personal integrity and deportment. Recreational use of illicit drugs is antithetical to the behavior reasonably expected of Rochelle students participating in extra-curricular activities.

Random drug testing will lessen the risk of injury to program participants, deter illicit drug use in the school generally as well as in extra-curricular programs, both by raising the risks of detection and lessening peer pressure to participate in illicit drug use.

2. Drug Testing Regimen

A. Who must submit to drug testing?

All members of identified extra-curricular activities are subject to drug testing. For purposes of this policy "team members" shall include students trying out for the team, members not playing due to injury, and members currently ineligible. A student who consents to the random drug testing policy at RTHS will remain in the drug testing pool for the duration of their high school career as an RTHS student.

Extracurricular Activities

Baseball	Wrestling	Indoor Guard
Basketball (Boys & Girls)	FFA	Indoor Drumline
Bowling (Boys & Girls)	Speech	Cheerleading
Cross Country (Boys & Girls)	Drama	Pom Pons
Football	Jazz Bands	Student Council
Golf (Boys & Girls)	Vocal Jazz	WYSE
Softball	Jazz Combo	Scholastic Bowl
Soccer (Boys & Girls)	Madrigal Cast	Math Team
Tennis (Boys & Girls)	Midnight Voices	Ballet Folklorico
Track (Boys & Girls)	After Hours	
Volleyball	Color Guard	

The list of extra-curricular activities subject to the random drug testing policy will be reviewed and distributed annually.

B. What is the method of testing?

The District shall contract with a testing service. When the testing service comes to school a group of students subject to testing will be summoned to the testing site. No paper record shall be made of the summons. Students shall be tested individually outside the presence of other students.

All students subject to testing shall be required to produce a urine sample by urinating into a specimen container following standard procedures set forth by the testing agency. The student will not be observed directly during the provision of the sample.

The urine sample shall be sealed and marked with the student's local school ID number. An RTHS staff member shall confirm the student's identity.

The urine sample shall be subject to a broad spectrum drug test. If there is a non-negative result, the testing agency and medical review officer will handle all subsequent follow up tests and conversations with parents regarding the non-negative result. RTHS will play no role in determining the nature of the non-negative result. RTHS will treat final decisions by the testing agency and/or medical review officer as final.

C. How are testing subjects determined?

Testing shall be random. Students may be tested multiple times during a school year due to the random nature of student selection. Students who have a positive test will be placed in a monitoring program after completing school consequences as a continuation of services. While in a monitoring program, students may be tested during regularly scheduled testing sessions.

D. What drugs are subject to testing?

Prohibited drugs include Schedule I drugs, including all narcotics, amphetamines, barbiturates, depressants, THC-based products, alcohol, tobacco products, and other illegal substances. The School may test for all or any of these drugs.

E. What are the consequences of a positive drug test?

Where a student has tested positive for a prohibited drug, the student shall be subject to disciplinary consequences including loss of privilege to participate in extra-curricular activities for a term determined by the Superintendent or designee, in school or out of school suspension, or expulsion up to the maximum period provided by law. School suspensions or expulsions shall be in accordance with the Board's student discipline policies and procedures. A student who has tested positive shall remain in a monitoring program for future services and testing. A student who self-reports the use of drugs will remain in a monitoring program for future services and testing.

Refusal to take a drug test shall be considered as a positive drug test for all purposes. Drug tests that do not meet the temperature benchmarks, or are otherwise tampered with, will be considered a positive drug test.

F. Is there an exception for prescription drugs?

Yes. In the event a student produces a non-negative result, the student and parents will be notified by the testing agency and/or medical review officer. At this point, it will be the parent and student's responsibility to demonstrate a valid prescription for the drug in question. RTHS will play no role in determining if use of prescription drug is appropriate.

G. What other obligations do students participating in extra-curricular activities have under the drug testing policy?

Every person who participates in extra-curricular activities will have access to a training session on drug testing upon request.

Every person who participates in extra-curricular activities will have access to a copy of the Student Drug Testing policy upon request.

Each student who wishes to participate in extracurricular activities shall be required to submit a consent form signed by the student and at least one parent or guardian. See attached form.

Students not participating in extra-curricular activities may voluntarily elect to enter into the random drug testing pool with a consent form signed by the student and at least one parent or guardian. See attached form.

3. Testing Consent Form

Students and at least one parent are required to sign and return to the team coach a copy of the attached Consent Form before participating in team sports. Failure to sign the form shall be considered as a decision not to participate in extra-curricular activities at RTHS.

**ROCHELLE TOWNSHIP HIGH SCHOOL
STUDENT RANDOM DRUG TESTING POLICY
CONSENT TO TEST FORM**

I fully understand that my performance as a participant 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 for the RTHS Board of Education and the sponsors for the activity in which I participate.

In the event that my name is drawn from the random pool, I authorize Rochelle Township High School and the contracted testing collector, Rochelle Community Hospital, to conduct a test on a urine specimen which I will provide on-site. Pursuant to the Student Random Drug Testing Policy, I also authorize the release of information concerning the results of such tests to designated Rochelle Township High School personnel.

I understand that my consent to be randomly drug tested is valid throughout the entire school year and for the rest of my career as an RTHS student.

Student Name (please print)

Student Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian Work Phone

Parent/Guardian Cell Phone

1. I plan to participate in the following sport(s): _____

2. I plan to participate in the following activity(ies): _____

3. Although I do not plan to participate in any extra-curricular activities,
I voluntarily consent my placement into the random drug testing pool. (YES) (NO)

For office use only:

ROCHELLE TOWNSHIP HIGH SCHOOL
PROGRAMA DE PRUEBA DE DROGAS AL AZAR DEL ESTUDIANTE
FORMA DE CONSENTIMIENTO PARA LA PRUEBA

Entiendo perfectamente que mi desempeño como participante y la reputación de mi escuela dependen, en parte, de mi conducta como individuo. Yo estoy de acuerdo en aceptar y cumplir las normas, reglas y regulaciones establecidas por la Junta de Educación de RTHS y los patrocinadores de la actividad en la que participo.

En el caso de que mi nombre sea seleccionado al azar, Autorizo a Rochelle Township High School y al colector de pruebas contratado, Rochelle Community Hospital, para llevar acabo la prueba en una muestra de orina que voy a proporcionar en las instalaciones. De conformidad con el Programa de Prueba de Drogas al Azar del Estudiante, también autorizo la divulgación de la información sobre los resultados de la prueba al personal designado de Rochelle Township High School.

Entiendo que mi consentimiento para ser escogido al azar para que se me realice la prueba de drogas es válido durante el año escolar y para el resto de mi carrera como un estudiante de RTHS.

Nombre del Estudiante (letra de molde)

Firma del Estudiante

Fecha

Nombre del Padre/Tutor (letra de molde)

Firma del Padre/Tutor

Fecha

Tel. Trabajo del Padre/Tutor

Tel. Celular del Padre/Tutor

1. Tengo la intención de participar en el siguiente deporte(s): _____

2. Tengo la intención de participar en la siguiente actividad(es): _____

3. Aunque yo no pienso participar en actividades extra-curriculares, (SI) (NO)
voluntariamente consiento mi colocación en el grupo de control
de drogas al azar.

Para uso de oficina: