

**WOODFORD COUNTY BOARD OF EDUCATION
AGENDA ITEM**

ITEM #: IVA **DATE:** July 30, 2018

TOPIC/TITLE: Garet Wells

PRESENTER: Student Random Drug Testing Procedure Gw

ORIGIN:

- ☐ TOPIC PRESENTED FOR INFORMATION ONLY (No board action required.)
- ☐ ACTION REQUESTED AT THIS MEETING
- ☐ ITEM IS ON THE CONSENT AGENDA FOR APPROVAL
- ☐ ACTION REQUESTED AT FUTURE MEETING: (DATE)
- ☐ BOARD REVIEW REQUIRED BY

- ☐ STATE OR FEDERAL LAW OR REGULATION
- ☐ BOARD OF EDUCATION POLICY
- ☐ OTHER:

PREVIOUS REVIEW, DISCUSSION OR ACTION:

- ☐ NO PREVIOUS BOARD REVIEW, DISCUSSION OR ACTION
- ☐ PREVIOUS REVIEW OR ACTION

- ☐ DATE:
- ☐ ACTION:

BACKGROUND INFORMATION:

A voluntary permission form is available to parents who choose to opt in their children into the pool for potential random drug testing selection.

SUMMARY OF MAJOR ELEMENTS:

The attached administrative procedure reflects a proposal to remove language from the voluntary form which currently indicates the test would be at the parent's expense. The intent is for the District to cover that voluntary test cost should a student be randomly selected.

IMPACT ON RESOURCES:

TIMETABLE FOR FURTHER REVIEW OR ACTION:

SUPERINTENDENT'S RECOMMENDATION: ☒ Recommended ☐ Not Recommended



Student Drug Testing**STUDENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

THIS CONSENT FORM SHALL REMAIN IN EFFECT FOR A PERIOD OF TWELVE (12) MONTHS FROM THE DATE IT IS EXECUTED. ANY REVOCATION OF THIS CONSENT FORM SHALL DISQUALIFY THE STUDENT FROM PARTICIPATING IN EXTRACURRICULAR ACTIVITIES OR DRIVING TO AND FROM SCHOOL FOR A PERIOD OF TWELVE (12) MONTHS.

THE UNDERSIGNED STUDENT PARTICIPANT AND, FOR STUDENTS UNDER EIGHTEEN (18), THE STUDENT'S PARENT OR LEGAL GUARDIAN HEREBY ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THE FOREGOING POLICY AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE POLICY.

THE UNDERSIGNED UNDERSTAND THAT THIS CONSENT IS EFFECTIVE FOR ALL TEAMS/SPORTS, EXTRACURRICULAR ACTIVITIES, ALL COMPETITIVE EVENTS, AND/OR ON-CAMPUS PARKING PRIVILEGES IN WHICH THE STUDENT MAY PARTICIPATE DURING THE CURRENT SCHOOL YEAR.

THE UNDERSIGNED HEREBY PERMIT THE LAB SELECTED BY THE WOODFORD COUNTY BOARD OF EDUCATION TO PERFORM DRUG TESTING OF THE STUDENT'S URINE AND TO RELEASE THE RESULTS TO THE SUPERINTENDENT'S DESIGNEE AND THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL, AND PERMIT THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL TO RELEASE ALL DRUG TESTING RESULTS TO THE COACHES OR ORGANIZATIONAL ADVISORS ON TEAMS IN WHICH THE STUDENT IS INVOLVED, OR TO OTHERS AS DEEMED APPROPRIATE, AND TO THE STUDENT'S PARENTS AND LEGAL GUARDIANS.

ANY REFUSAL BY A STUDENT PARTICIPANT TO BE TESTED SHALL BE TREATED AS A VIOLATION, AND THE APPROPRIATE SANCTION WILL BE ASSESSED. (SEE "SANCTIONS.")

PRINT STUDENT'S NAME

PRINT PARENT (OR GUARDIAN) NAME

STUDENT SIGNATURE

PARENT (OR GUARDIAN) SIGNATURE

DATE SIGNED

DATE SIGNED

DATE OF FORUM ATTENDED

- ☐ I AM 18 YEARS OF AGE AND GIVE PERMISSION FOR MY TEST RESULTS TO BE SHARED WITH MY PARENTS/LEGAL GUARDIANS.

FOR OFFICE STAFF ONLY

DATE FORM RECEIVED

PRINT NAME

SIGNATURE

Student Drug Testing**VOLUNTARY PARTICIPANT CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING**

THE STUDENT DOES NOT PRESENTLY EXERCISE THE PRIVILEGE OF PARTICIPATING IN EXTRACURRICULAR ACTIVITIES OR DRIVING TO SCHOOL, HOWEVER THE STUDENT AND, FOR STUDENTS UNDER EIGHTEEN (18), HIS/HER PARENT(S) OR GUARDIAN DESIRE FOR THE STUDENT TO PARTICIPATE IN THE RANDOM DRUG AND ALCOHOL TESTING PROGRAM OF THE WOODFORD COUNTY SCHOOL DISTRICT. THE STUDENT AND HIS/HER PARENT(S) OR GUARDIANS ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THE DISTRICT'S ALCOHOL, DRUGS, AND OTHER CONTROLLED SUBSTANCES POLICY AND STUDENT RANDOM DRUG TESTING PROCEDURES.

THE UNDERSIGNED STUDENT AND THE STUDENT'S PARENT OR LEGAL GUARDIAN HEREBY ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THE FOREGOING POLICY AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE POLICY.

THE UNDERSIGNED UNDERSTAND THAT THEIR PARTICIPATION IS COMPLETELY VOLUNTARY AND ~~THEY WILL BE RESPONSIBLE FOR THE COST OF THE TEST.~~

THE UNDERSIGNED HEREBY PERMIT THE LAB SELECTED BY THE WOODFORD COUNTY BOARD OF EDUCATION TO PERFORM DRUG TESTING OF THE PARTICIPANT'S URINE AND TO RELEASE THE RESULTS TO THE SUPERINTENDENT'S DESIGNEE AND TO THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL AND PERMIT THE PRINCIPAL OF EITHER WOODFORD COUNTY HIGH SCHOOL OR WOODFORD COUNTY MIDDLE SCHOOL TO RELEASE ALL DRUG TESTING RESULTS TO THE STUDENT'S PARENTS AND LEGAL GUARDIANS.

ANY REFUSAL SHALL BE TREATED AS A VIOLATION AND WILL BE REPORTED TO THE STUDENT'S PARENTS, BUT NO DISCIPLINE MAY OCCURE THROUGH THIS POLICY.

PRINT STUDENT NAME

PRINT PARENT (OR GUARDIAN) NAME

STUDENT SIGNATURE

PARENT (OR GUARDIAN) SIGNATURE

DATE SIGNED: _____

Review/Revised:2/26/2018