

Prohibited Substances - Violation Referral Form

The Code of Conduct requires a student suspected of drug/alcohol use submit to testing within twenty-four (24) hours. The Violation Referral Drug Testing Consent Form is found on page three ~~(3)two (2)~~ of this administrative procedure. The Substance Abuse Intervention ~~Process~~Form on page two (2)~~three (3)~~ lists the procedures to be followed if a suspected student's drug/alcohol test is positive.

~~Students assigned to the Adolescent Day Treatment Program, the Alternative Program, and On Track shall be subject to random drug/alcohol testing for that school year as part of the agreement for enrollment in the program.~~

Prohibited Substances - Violation Referral Form**HOPKINS COUNTY SCHOOLS****SUBSTANCE ABUSE:**
INTERVENTION PROCESS

Print Name of Student:	HOPKINS COUNTY SCHOOLS	Date:	Grade
_____	SUBSTANCE ABUSE:	_____	_____
Student ID#	INTERVENTION PROCESS	Student's Date of Birth:	

When a student's suspected use of drugs or alcohol is confirmed:

☐ The Principal shall notify parent(s)/guardian(s) of the results.

☐ The Principal will notify the appropriate law enforcement agency.

☐ The student may be suspended or referred to the Hopkins County Day Treatment Program.

☐ ~~The student must enroll and attend a chemical dependency program. The full cost of the program including treatment, counseling, travel and transportation, or further drug testing is the responsibility of the parent(s)/guardian(s).~~

☐ ~~Attendance in the program must begin within one (1) week of notification of test results. An information release form must be provided to the At Risk Coordinator.~~

☐ ~~Proof of completion of the program will be provided to the At Risk Coordinator.~~ All reports and forms are confidential and will be maintained by the Superintendent/designee in a secure location separate from the student's permanent school record. Information from reports will be disclosed only as required by Kentucky Administrative Regulations, state and federal laws, and /or court order.

☐ ~~The student will be placed on a behavioral contract upon return to school.~~

☐ The student will be subject to drug and/or alcohol testing for the remainder of the school year.

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Prohibited Substances - Violation Referral Form

Print Name of Student:	HOPKINS COUNTY SCHOOLS	Date:	Grade
_____	DRUG TESTING CONSENT FORM	_____	_____:
Student ID#		Student's Date of Birth:	

Notice: The Hopkins County Board of Education Student Code of Conduct states that a student must submit to a physical drug test within twenty-four (24) hours for the following offenses.

1. First time possession or use of alcohol and drugs or look-alikes or mood-altering substances.
2. Suspicion of being under the "influence" while at school or at any school activity.
3. When drugs, look-alikes, drug paraphernalia, or alcohol have been transferred, received, sold, or purchased for the first time.

This form verifies that we agree or disagree to submit to drug testing. We understand that not consenting or otherwise refusing to submit to drug testing will make the student subject to the same consequences and/or penalties as a failed test. We also acknowledge that it is our responsibility to become fully and clearly aware of all aspects of the drug testing policy.

_____ **Agree:** We have read and understand the information presented above and consent to drug testing by an authorized agent of the Hopkins County School System. We also understand that, depending on the results of the drug test, appropriate disciplinary actions will be taken by the school and/or District.

Student's Signature _____ Parent/Guardian's Signature _____

_____ **Disagree:** We have read and understand the information presented above and refuse to submit to drug testing. We acknowledge that appropriate disciplinary actions will be taken by the school and/or District.

Student's Signature _____ Parent/Guardian's Signature _____

_____ **Optional Phone Verification:** The parent/guardian of the above named student has been informed of the information presented above and has ☐ **agreed** ☐ **disagreed** to submit to drug testing.

<u>Parent/Guardian Contacted</u>	<u>Date</u>
School Administrator _____	Date _____
Witness _____	Date _____

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