DRUG TESTING POLICY

The Limestone County Board of Education (the Board) recognizes extracurricular students as assets to our sports and academic education process. Extracurricular students are major players in reaching the Board's goal to provide education to students. This policy statement sets forth the Board's position on testing extracurricular students for drugs. The Board reserves the right to depart from this policy when it deems it appropriate except where prohibited by law. The guidelines contained in this document may be changed by the Board at any time. Students, however, will be informed of any changes.

The purpose of this policy is to create and maintain a safe, drug free environment for student athletes to reduce the likelihood of injury to students, to minimize the likelihood that school property will be used for improper activities and to protect the reputation of the school system.

The Board requires that all students that participate in all extracurricular activities (defined as "male or female students in grades 7-12 who participate in any Board sponsored sport, band, club, and cheerleading squad") report to all practices and competitive events without prohibited substances in their system. Prohibited substances are defined as amphetamines, barbiturates, cocaine, marijuana, opiates, THC, alcohol and anabolic steroids. No student athlete shall use these prohibited substances while participating in any extracurricular practices or competitive events. Student must inform their coach or assistant coach when they are legitimately taking medication which may affect their ability to practice or compete in order to avoid creating safety problems and to remain in compliance with this policy.

ENFORCEMENT PROCEDURES

All students will be required to submit to an initial consent form. Once the student is randomly selected, a sample will be collected and split. If the first test is positive for a prohibited substance, the second half of the first sample collected will be tested. If the second half of this split sample is positive, the student will be ineligible from participation in extracurricular activities for one calendar year from the time of the positive test. If the second half of the split sample is negative, another sample will be collected for testing. If that test is positive, the student will ineligible from participation in extracurricular activities for one calendar year from the time of the positive test. If the second test is negative, the student will be allowed to participate. Student athletes who refuse to take the test will be declared ineligible from participation in extracurricular activities for one calendar year from the time of the called test. The Board shall bear the cost of all fees in regard to testing of student athletes.

In the event any random test is positive, the testing laboratory shall notify the designee of the result. The designee shall then inform the students and his or her custodial parents to explain the results of the test. A meeting should be held for that purpose within 24 hours of notification. If the random test is positive, the student will be barred from participation in student athletics for one calendar year from the time of the positive test. Students who participate in more than one sport will be required to comply at one testing procedure at the beginning of the school year regardless of the number of sports. However, each such student will be subject to random testing at any time during the year.

The results of testing will not be made known to any school official other than those with a need to know. The principal and coach and/or sponsor will be notified in cases where the student is no longer eligible to participate in extracurricular activities.

CONSENT FORM

Each student athlete will be required to sign a consent form before participation in extracurricular activities for any school year. At the time that the consent form is provided, over the counter drugs and prescription drugs used by the student are to be listed on the consent form. By this form, the student shall consent to sampling, testing and analysis of urine for the initial testing round and at any time the student is randomly selected for drug testing during the school year. Failure of the student and the custodial parent or guardian to sign the consent form makes the student athlete ineligible for participation

REHABILITATION

In the event that a student tests positive and/or is declared ineligible, rehabilitation information will be encouraged to him or her through local school guidance counselors. All costs for any program will be the responsibility of the student's family.

TESTING ADMINISTRATION

All test will be administered on site by a board approved company. Testing will be a 10 panel urine test. The DER for all testing will be the District Athletic Director. The local Athletic Director will work under the direction of the Central Office.





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Limestone County Board of Education Drug Testing Consent/Release Form

I have read and understand the Limestone County Board of Education policy regarding drug testing of students. I consent to allow urine samples to be taken for random testing of prohibited substances. I specifically authorize Medical East to release all test results to the Limestone County Board of Education and their designee as well as its Medical Review on Staff and my parents or legal guardian(s). I also authorize the Board to release any information about my drug screen, including the results if I decide to engage in related legal Proceedings. I also understand that my participation in student extra-curricular activities will depend upon the results of my drug screen and if I refuse to submit to testing, I will not have the privilege to be allowed to participate in student extra-curricular activities. I do understand that all drug testing will take place on the high school campus at the direction of the Medical East staff, local school Athletic Director, and the Limestone County Schools Director of Athletics. I hereby will abide by the policy set by the Limestone County Board of Education for duration of time that I am a student of Limestone County Schools.

STUDENT INFORMATION:

Student Name:	Student Date of Birth:
School Name:	
School Activity(s):	
Printed Name of Student	Signature of Student
PARENT/GUA	ARDIAN INFORMATION:
Printed Name of Parent/Guardia	n Signature of Parent/Guardian