

Drug Testing Written Agreement

Policy Statement

In order to provide for the individual student driver or athlete and others, as well as present legitimate reasons for students to say "no" to drug use, and to offer an opportunity for those taking drugs to receive help in locating programs which can provide assistance, Bluestem Middle School and High School shall conduct a mandatory drug testing program. The program is not intended to be punitive; however, there will be consequences. It is designed to create a safe, drug free, environment for student drivers and athletes, to assist them in getting help when needed, and to teach them to make responsible choices in their lives.

Consent

All student drivers and athletes along with their parents or guardians must sign this written agreement acknowledging the receipt and understanding of this policy and resulting consequences. By signing this agreement, the parent or guardian gives his/her consent for drug testing prior to the student's participation in driver's education or the athletic program and to random drug testing throughout their school career.

Medication

Students who are or have been taking prescription medications must provide verification (either by a copy of the prescription along with prescription bottle or doctor's authorization) prior to being tested. If the student's test indicates positive results for the listed medications, the parent or guardian will be notified by the testing center and no other action will be taken. Students who refuse to provide verification and test positive will be subject to the actions specified below in the policy for "positive tests".

Positive Test

If any student tests positive, parents or guardians will be contacted by the testing center and building administrator. The student will be referred to pages of this policy under CONSEQUENCES for further action.

General Authorization

I understand fully that my performance as a participant as well as 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 forth by the Bluestem Middle School and High School Drug Testing Policy.

Student Signature

Date

Student Printed Name

Grade

I, the parent or guardian of the above named student, accept the method of obtaining urine or hair samples, testing and analyses of such specimens, and all other aspects of the Bluestem Middle School and High School Drug Testing Policy. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to non-disclosure of such test records and results only to the extent of the disclosures authorized in this policy.

Parent/Guardian Signature

Date

FOR BMS AND BHS OFFICE USE ONLY:
DATES DRUG TESTED

