

4.3.3 – CHEMICAL SCREEN POLICY

MISSION STATEMENT

The Van Buren School District recognizes that drug abuse is a significant health problem for students, detrimentally affecting overall health, behavior, learning ability, reflexes, and the total development of each individual. The Van Buren Board of Education is determined to help students by providing another option for them to say “No”. Drug abuse includes, but is not limited to, the use of illegal drugs, alcohol, and the misuse of legal drugs and medications.

DEFINITIONS

Drug

Any substance considered illegal by Arkansas Statutes or which is controlled by the Food & Drug Administration unless prescribed by a licensed physician.

Activity Programs

Any Activity that meets the guidelines of the Arkansas Activities Association, activities sponsored by the school district, and driving a vehicle to school.

Parent Request

Students included upon parental request.

School Year

From the first day of classes in the fall, unless the activity begins prior to the first day of classes, in which event, from the first day of practice through the last day of classes in the spring.

POLICY STATEMENT

Van Buren School District (“ the district”) is conducting a mandatory drug-testing program for students. Its purpose is threefold: (1) to provide for the health and safety of students in all Activity Programs grades 9-12; (2) to undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal or prescription drugs; and (3) to encourage students who use drugs to participate in drug treatment programs.

PROCEDURES FOR STUDENTS

Consent: Each student wishing to participate in any activity program and the student’s custodial parent or guardian shall consent in writing to drug testing pursuant to the District’s drug testing program. Written consent shall be in the form attached to this policy as FORM A. No student shall be allowed to participate in any activity program absent such consent. Students not involved in activities may be allowed to voluntarily participate in the testing pool with a consent form signed by the parent.

Student Selection: At the option of the district, all students in activity programs may be drug tested at the beginning of the school year. In addition, random testing will be conducted during the school year. Selection for random testing will be by lottery drawing from a “pool” of all students participating in activity programs in the district at the time of the drawing. A single test can be required by a principal from a student for reasonable suspicion. The superintendent shall take all reasonable steps to assure the integrity, confidentiality and random nature of the selection process including, but not necessarily limited to, assuring that the names of all participating students are in the pool, assuring that the person drawing names has no way of knowingly choosing or failing to choose particular students for the testing, assuring that the identity of students drawn for testing is not known to those involved in the selection process and assuring direct observation of the process by the least intrusive means possible while assuring brevity and privacy.

SAMPLE COLLECTION

Samples will be collected at a mutually convenient time on the same day the student is selected for testing or if the student is absent on that day, on the day of the student’s return to school. If a student is unable to produce a sample at any particular time, the student will be allowed to return later that same day to provide the sample. All students providing samples will be given the option of doing so alone in an individual stall with the door closed. A student who refuses to provide a sample will not be allowed to participate in any activity program until a sample is provided.

TESTING AGENCY

The district will choose a qualified agency for the purpose of processing sample results and maintaining privacy with respect to test results and related matters.

PRESCRIPTION MEDICATION

Students who are taking prescription medication may provide a copy of the prescription or a doctor’s verification, which will be considered in determining whether a “ positive” test has been satisfactorily explained. That documentation will be forwarded to the testing lab with instructions for the lab to consider the student’s use of such medication to assure the accuracy of the result. Students who refuse to provide verification and test positive will be subject to the actions specified below for “ positive tests”.

SCOPE OF TESTS

The drug screen tests for one or more illegal or prescription drugs. The superintendent or his designee shall decide from week to week which illegal or prescription drugs shall be screened, but in no event shall that determination be made after selection of students for testing. Student samples will not be screened for the presence of any substances other than an illegal or prescription drug or for the existence of any physical condition other than drug intoxication. As a quality control measure, the school reserves the right to send any urine sample that appears unusual in color and/or consistency to a laboratory for testing and confirmation or non-confirmation.

LIMITED ACCESS TO RESULTS

The results will be reported only to the superintendent or to such person as the superintendent may designate in the event the superintendent is absent.

PROCEDURES IN THE EVENT OF A POSITIVE RESULT

Whenever a student's test result indicates a positive result, the following will occur: If the sample tests positive, a custodial parent or legal guardian will be notified and a meeting will be scheduled with the Superintendent or his designee, the student, the custodial parent or legal guardian, and the student's principal and head coach or sponsor.

FIRST POSITIVE RESULT

For a positive result, the student will be placed on probation and not be allowed to participate in competitions, presentations and activity programs of Van Buren Schools for a period of twenty-one days. The student may be recommended for counseling, if any charge is incurred, it will be the responsibility of the parents. On day twenty-two the student will again be eligible for competitions, presentations and activity programs relating to Van Buren Schools and will again be eligible to be tested if they are randomly selected.

SECOND POSITIVE RESULT

For the second positive result in the same year or any two consecutive calendar years, the student will be suspended from participating in activity programs for the remainder of the school year. If this positive test is in the spring semester, the student will not be able to participate during the following fall semester.

THIRD POSITIVE RESULT

For the third positive result, the student will be suspended from participating in activity programs for the remainder of his enrollment with the school (may be appealed to the board).

FAILURE OF COMPLIANCE

Disregarding any part of first, second, or third positive result may result with the following:

- Driving privileges revoked for determined period of time
- Vehicle being towed from school property
- Suspension from school

NON-PUNITIVE NATURE OF POLICY

No student shall be penalized academically for testing positive for illegal or prescription drugs. The results of chemical screenings pursuant to this policy will not be documented in any student's academic records. Information regarding the results of chemical screenings will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the district shall not solicit. In the event of service of any such subpoena or legal process, the student and the student's custodial parent or legal guardian will be notified as soon as possible by the district.

OTHER DISCIPLINARY MEASURES

The District by accepting this policy is not precluded from utilizing other disciplinary measures set forth in the Student Discipline Policy and this policy does not preclude the District from taking disciplinary procedure and resulting action when founded upon reasonable belief and suspicion that a student has participated in drug related activities.

Amended by Board of Education 06/11/13

Amended by Board of Education 02/10/15

VAN BUREN SCHOOL DISTRICT CHEMICAL SCREENING CONSENT FORM
SCHOOL YEAR 2015-16

Dear Parents and Students,

Below, please find the consent form for Chemical Screening required for all students that participate in Sports, Clubs, Organizations, all extracurricular activities, and/or drive a vehicle to school. Every student, 9th through 12th grades, is required to turn in this completed form. Please be aware: parents are NOT notified prior to random chemical screening. You may access the complete Van Buren School District Chemical Screen Policy at www.vbsd.us/activities.aspx and click on the *District Chemical Screening Policy Link*.

CHEMICAL SCREEN POLICY, GENERAL AUTHORIZATION FORM A

I understand that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I have read and understand the contents of the Van Buren School District Chemical Screen Policy. I hereby agree to accept and abide by the policies, standards, rules and regulations set forth by the Van Buren School District Board and the sponsors for the activity in which I participate.

I also authorize Van Buren School District to conduct a breath scan or a urinalysis to test for drugs and/or alcohol use. I also authorize Van Buren School District to conduct random tests during the current school year. I authorize the release of information concerning the results of such test(s) to the Van Buren School District and to the parents and/or guardians of the student.

This shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.

Student Name (Printed)	Grade	School
Student Signature	Gender	Home Phone #
Parent/Guardian Signature	Date	Cell #

CHECK ALL AREAS OF PARTICIPATION

Students who drive to school are subject to Random Chemical Screening per Van Buren School District Policy.

I drive a vehicle to school and have registered my car in the school office.

VBHS decal registration number: _____.

<ul style="list-style-type: none"> <input type="checkbox"/> Art Club <input type="checkbox"/> Band <input type="checkbox"/> Baseball <input type="checkbox"/> Basketball <input type="checkbox"/> BETA Club <input type="checkbox"/> Book Club <input type="checkbox"/> Bowling <input type="checkbox"/> Cheerleading <input type="checkbox"/> Chess Club <input type="checkbox"/> Choir <input type="checkbox"/> CIA (Cultures in Action) <input type="checkbox"/> Class Officer <input type="checkbox"/> Cross Country <input type="checkbox"/> Dance Team <input type="checkbox"/> Drama Club 	<ul style="list-style-type: none"> <input type="checkbox"/> Drill Team (ROTC) <input type="checkbox"/> East Lab <input type="checkbox"/> FBLA <input type="checkbox"/> FCA <input type="checkbox"/> FCCLA <input type="checkbox"/> Flag Football <input type="checkbox"/> Football <input type="checkbox"/> FTA <input type="checkbox"/> Geocaching <input type="checkbox"/> Golf <input type="checkbox"/> History Club <input type="checkbox"/> Journalism <input type="checkbox"/> Mu Alpha Theta <input type="checkbox"/> National Honor Society <input type="checkbox"/> Optimist Club 	<ul style="list-style-type: none"> <input type="checkbox"/> Partners Club <input type="checkbox"/> Quiz Bowl <input type="checkbox"/> SHH <input type="checkbox"/> Soccer <input type="checkbox"/> Softball <input type="checkbox"/> SSA <input type="checkbox"/> Student Senate <input type="checkbox"/> T412 <input type="checkbox"/> TARS <input type="checkbox"/> Tennis <input type="checkbox"/> Track <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Volleyball <input type="checkbox"/> Wrestling <input type="checkbox"/> NONE
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4.3.3F2 – CHEMICAL SCREEN NOTIFICATION OF VIOLATION

**VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS
Notification of Violation of
Chemical Screen Policy**

I, _____ am the custodial parent/legal guardian of _____ a student in the Van Buren School

District. I have been notified by officials of Van Buren School District that

_____ (student's name) has tested positive during the

chemical screening administered under the provisions set by the Van Buren School District.

The student may be recommended for counseling, if any charge is incurred, it will be the responsibility of the parents. The student will also be placed on probation and not be allowed to participate in competitions, presentations and activity programs of Van Buren Schools for a period of twenty-one days.

On day twenty- two, the so named student will again become eligible for competitions, presentations and activity programs relating to Van Buren and will again be eligible to be tested if they are randomly selected.

After the second positive test result, the so named student will be suspended from competition, presentations and activity programs relating to Van Buren Schools for the remainder of the school year. If the positive test is in the spring semester, the student will not be able to participate during the following fall semester. In addition to the suspension, the student will be immediately referred for professional counseling and rehabilitation at the expense of the parent.

After the third positive test result, the so named student will be suspended from competition, presentations and activity programs relating to Van Buren Schools for the remainder of his enrollment with the school (may be appealed to the Board).

Custodial parent/ legal guardian

School Official

Custodial parent/ legal guardian

Date

VAN BUREN SCHOOL DISTRICT
VAN BUREN, ARKANSAS
Notification of Second Positive Results of
Chemical Screen

I, _____, custodial parent/legal guardian of
_____, a student in the Van Buren School System, was notified
on _____(date) of the first positive chemical screen test results of the
so named student by _____(School Official). At that time, I

understood that the student would be on probation and not be allowed to participate in
competitions, presentations and activity programs of Van Buren Schools for a period of twenty
one days. I, custodial parent/legal guardian of the so named student, was notified of the second
positive test results on the date of _____(date) by _____ (School
official).

I understand that under the Van Buren School District's Chemical Screen Policy, which I, the
custodial parent/guardian consented to when I signed the consent form, the so named student will
be suspended from competitions, presentations and activity programs for the remainder of the
school year. If this positive test is in the spring semester, the student will not be able to participate
during the fall semester. I also understand that I should seek professional counseling and
rehabilitation for the named student.

Custodial parent/legal guardian

School Official

Custodial parent/legal guardian

Date

Approved by Board of Education 02/10/15