



## Random Student Drug Testing Program

In a proactive measure to help maintain a drug-free environment for all students, members of the Princeton ISD Board of Trustees adopted a policy to establish random student drug-testing. Drug use can increase the risk of injury to students who drive and park on campus as well as students participating in co/extracurricular activities; therefore, student drug testing will serve as a deterrent to the use of illegal drugs and provide students with a reason to resist peer pressure. The policy is not intended to be punitive in nature, but rather by adopting a random student drug testing policy the district desires to:

- provide for the health and safety of all students;
- undermine the effects of peer pressure by providing a legitimate reason for students to refuse to use illegal drugs;
- prevent injury, illness or harm to students that may arise as a result of drug use;
- give parents an opportunity to intervene and get a student help if needed;
- create a higher standard for students that represent the district; and
- allow teachers to focus their energy and time to educate students and increase academic achievement.

Princeton ISD shall require all students in grades 7-12 who participate or intend to participate in school-sponsored co/extracurricular activities or who purchase a permit to park on school property, to agree to undergo random drug testing. Parents of students who are not participating in co/extracurricular activities and who are not seeking high school parking permits may volunteer their child's participation in the Random Drug Testing Program. Before a student is eligible to participate in co/extracurricular activities or purchase a permit to park on school property, a written parent consent form, including student and parent signatures, will be required annually.

*Co/extracurricular activities and programs in which students MUST participate in drug testing are athletics, cheer, choir, band, theater, debate, speech, UIL, Robotics, agriculture/FFA - (showing or judging animals only), Skills USA, pharmacy tech, nursing, EMT, work-based program, PALS Program, and parking permits.*

### Consent Form

All students in grades 7-12 who participate in co/extracurricular activities, purchase a parking permit, as well as, students whose parents have volunteered them for the drug testing program, must sign a consent form annually to participate. The consent form must also be signed by the student's parent/guardian before the student shall be eligible to participate.

Participation in co/extracurricular activities, as well as parking on campus, is a privilege and not a right; refusal to consent to random drug testing will result in the denial of participation in the identified co/extracurricular activity and/or denial to purchase a parking permit.

### Process

Each year during registration, the names of participating students will be consolidated into a master list from which student names will be drawn. The master list shall be submitted to a qualified vendor employed by the Princeton ISD that shall computerize the master list and administer the test. ALL participating students will be tested at the beginning of each school year. For the remainder of the school year, test sessions will be unannounced and a random list of student names will be electronically generated for testing throughout the remainder of the school year.

Students that enroll in an activity after the first week of school will not be eligible for competition or a parking permit until they have taken a drug test from the school. *(Students that move in to the district will be eligible immediately; however, they will be tested as soon as the next test is given).*

Students involved in the program will submit to a drug/alcohol urine-screening test. The sample to be tested shall be obtained in a District facility that provides reasonable privacy for the student. Student privacy shall be protected to the maximum extent possible during collection.

### **Drugs To Be Tested For**

- Drugs, which an individual may not buy, possess, use, sell, or distribute under either federal or Texas law. Such drugs include, but are not limited to: marijuana, opiates, cocaine, phencyclidine, amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, propoxyphene, hallucinogens, steroids, alcohol and/or their metabolites, and performance-enhancing drugs.
- All prescription and over the counter drugs upon reasonable suspicion that they were obtained without authorization and are being use in an abusive manner.

### **Refusal to Test**

- Any student, who refuses to test on the assigned date, will be given a positive test result and will assume the consequence for the offense.
- Any student that does not urinate during the allotted time is considered a positive test and will assume the consequences of that test.
- Any student who comes to school in the morning and leaves while drug testing is being administered is considered a positive test and will assume the consequences of that test if their name is on the list to be tested. If there is a confirmed, legitimate reason for the student to leave, the parent/guardian may take the student, at their own expense, to their doctor for drug testing within 48 hours and have these results forwarded to the designated district administrator.

### **Results**

A qualified drug testing vendor employed by PISD will collect and deliver the urine samples to a certified medical laboratory for urinalysis. A Medical Review Officer (MRO), who is a licensed physician employed by the drug testing vendor, will contact parents to evaluate medical explanations for certain drug testing results and confirm any possible prescription medications. The final lab results are sent directly to the designated district administrator.

If the test is negative, the student continues to be eligible to participate in all activities, and no contact is made to the parent/guardian.

If the test is positive, the district administrator will schedule a meeting with parents/guardians and the student to discuss implementation of the consequences as outlined in this policy for non prescribed and/or illegal drugs.

### **Positive Tests**

Any student testing positive will be required to:

- Participate in an assessment with a Licensed Chemical Dependency Counselor (LCDC). In order for a counselor to be approved, the counselor must have LCDC certification. The assessment must include a written recommendation for treatment that is presented to the parents. The parents must present a copy of that recommendation to the school administrator. Attendance will be monitored and any attendance problems will result in the ineligibility of the student. When the program has been completed, the parents will notify the school administrator. Any cost for the assessment or any treatment shall be the responsibility of the parents and/or the student.
- Participate in the next 3 drug testing sessions. Students who test positive again during and after the completion of their counseling program will be referred to the next offense.

**Request for a Re-Test:** At his or her own expense, the parent/guardian may have a re-analysis of the original specimen performed by the drug-testing laboratory.

**The guidelines for a student testing positive in Grades 7 and 8 are as follows:**

- |                         |                  |  |
|-------------------------|------------------|--|
| 1 <sup>st</sup> Offense | Parent contacted | Mandatory Student/Parent Counseling<br>Student shall be enrolled in a program within a three-week period |
| 2 <sup>nd</sup> Offense | Parent contacted | Mandatory Student/Parent Counseling<br>12-week suspension from all activities                            |
| 3 <sup>rd</sup> Offense | Parent contacted | Mandatory Student/Parent Counseling<br>One-year suspension from all activities                           |

**The guidelines for a student testing positive in Grades 9 to 12 are as follows:**

- |                         |                  |  |
|-------------------------|------------------|--|
| 1 <sup>st</sup> Offense | Parent contacted | Mandatory Student/Parent Counseling<br>Student shall be enrolled in a program within a 3-week period |
| 2 <sup>nd</sup> Offense | Parent contacted | Mandatory Student/Parent Counseling<br>12-week suspension from all activities/parking privileges     |
| 3 <sup>rd</sup> Offense | Parent contacted | Mandatory Student/Parent Counseling<br>1-year suspension from all activities/parking privileges      |
| 4 <sup>th</sup> Offense | Parent contacted | Removal from all activities/parking privileges for the remainder of their high school career         |

**Possible Licensed Chemical Dependency Counselors**

<b>Brewster, Judith LPC, LCDC</b> 6162 Mockingbird Lane, Suite 204 Dallas, Texas 75214 214.824.1914 Adult, Adolescent and Child	<b>Powell, Joseph LCDC</b> 5120 N. Jupiter Road Garland, Texas 75044 214.476.6066 Adult and Adolescent
<b>Collin County Substance Abuse Program</b> 900 E. Park Blvd., #170 Plano, TX 75074 972.633.3370	

**Maintenance of Records**

Records of test results shall be kept confidential and provided only to the district administrator managing the program. The district administrator will maintain records of positive tests in a secure location. This information will not be available to anyone other than appropriate school personnel and parents. Upon graduation, this information will be destroyed. Under no circumstances will this information become part of the students' permanent file, nor will it be sent to another school in case the student moves to another district to transfers to another school.

**Please keep this section of the policy for your records and return the attached consent form only.**

# Random Student Drug Testing Permission Form

Required for: Parking Permit & Extracurricular Activity Participation

\_\_\_\_\_  
Student's Legal Name (Please Print)

\_\_\_\_\_  
Campus

\_\_\_\_\_  
Grade

## **AS A STUDENT:**

I understand and agree that participation in co/extracurricular activities and the ability to purchase a parking permit are voluntary and a privilege. I understand that as part of my voluntary participation co/extracurricular activities and parking on campus, I am also consenting to participation in the school district's Random Student Drug Testing program. I understand that if I decline to consent to participation in the Random Student Drug Testing program that I will be unable to participate in co/extracurricular activities or purchase a parking permit in the Princeton Independent School District for the entire academic school year.

## **AS A PARENT/ GUARDIAN / CUSTODIAN:**

I have read the PISD Drug Testing policy and understand that my child's participation in co/extracurricular activities and/or his/her ability to purchase a parking permit is voluntary and a privilege. I understand that as part of my child's voluntary participation in co/extracurricular activities and/or the purchase of a parking permit, I am consenting to his/her participation in the school district's Random Student Drug Testing program for the entire academic school year. I understand that if I decline to consent to my child's participation in the Random Student Drug Testing program, my child will be unable to participate in co/extracurricular activities or purchase a campus parking permit in the Princeton Independent School District.

## **CONSENT: (please check one)**

<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
<p>As evidenced by my signature below, <b>I hereby consent</b> to allow the student named above to undergo random drug testing in accordance with applicable Board policy. I understand that the urine collection process will be overseen by a qualified vendor and that samples will be sent to a certified medical laboratory for testing, and that samples will be coded for confidentiality. I hereby consent to the vendor selected by the Princeton Independent School District, its laboratory, doctors, employees, and/or agents to perform urinalysis testing for the detection of alcohol, illicit drugs and/or banned substances, and to confer with any necessary third parties regarding the results in order to confirm the results of the urinalysis. I further understand and consent to the vendor selected by Princeton Independent School District, its doctors, employees, and/or agents, to release results of tests to the Princeton Independent School District in accordance with Board policy. I understand that the consent granted herein is effective for the current school year.</p>	<p>As evidenced by my signature below, <b>I decline</b> to consent to my child's participation in the Random Student Drug Testing program. I understand that my child will be unable to participate in co/extracurricular activities or purchase a campus parking permit in the Princeton Independent School District.</p>
<p>_____ PARENT/GUARDIAN SIGNATURE</p>	<p>_____ DATE</p>
<p>_____ PRINT NAME OF PARENT/GUARDIAN</p>	
<p>_____ STUDENT SIGNATURE</p>	<p>_____ DATE</p>
<p>_____ PRINT NAME OF STUDENT</p>	

**THIS AUTHORIZATION WILL BE VALID DURING THE CURRENT SCHOOL YEAR.**