

**Mandatory Drug Testing  
Student Drug Testing Policy  
Cabot Public Schools**

**MISSION STATEMENT:**

Cabot Public Schools 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. Our stakeholders are determined to help students by providing another incentive for them to say “No”. It is critical that educators and parents continually seek ways to implement effective programs that provide the appropriate actions to address and foster a drug free environment in our schools. 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 and the misuse of legal drugs and medications.*

**Activity Programs:** *Any activity that meets the guidelines of the Arkansas Activities Association and /or sponsored by the Cabot Public School District. This includes all school sponsored academic, athletic/spirit and student groups.*

**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.*

**TESTING AGENCY:**

The district will choose a certified agency for the purpose of randomly selecting students consistent with the criteria set forth by the district, 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 coordinator 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 screening samples will be tested for illegal drugs and the misuse of prescription drugs. Student samples will not be screened for the presence of any substances other than an illegal 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.

### **RANDOM SELECTION CRITERIA**

All students who opt to participate in activity programs as previously defined and all students requesting driving privileges on campus will be entered into a pool for random selection.

### **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 or drive on campus absent such consent.

Students not involved in activities or driving on campus may be allowed to participate voluntarily in the testing pool with a consent form signed by the parent.

Parents may also request that their child be drug tested at the next available date at the parent's expense. (Form D)

**Student Selection:** At the option of the district, all students in activity programs may be drug tested during the school year. In addition, random testing will be conducted a minimum of four (4) times during each semester. Selection for random testing will be by lottery drawing from a "pool" of all students participating in activity programs and drivers 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 or designee 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 agency selecting the students 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 **within a two (2)-hour time period** on the same day the student is selected for testing. If a student is absent on that day, the

student may be tested upon the student's return to school. A student who is notified and fails to report or fails to report immediately shall result in a positive screening, and will be subject to the actions specified below for a "positive test." A student who reports, but refuses to submit a sample will be subject to the actions specified below for a "positive test." If a student is unable to produce a sample, the student may be required to submit a hair sample. Students are responsible for any additional costs associated with hair sample testing. Otherwise, the student will remain at the testing facility until a sample can be produced.

#### **LIMITED ACCESS TO RESULTS:**

The results will be reported only to the superintendent or his/her designee.

#### **PROCEDURES IN THE EVENT OF A POSITIVE RESULT:**

Whenever a student's test result indicates the presence of illegal drugs or the misuse of legal or prescription drugs ("positive test"), 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/her designee, the student, the custodial parent or legal guardian, and the student's principal and head coach or sponsor. (Forms B,C,)

#### **FIRST POSITIVE RESULT:**

For a positive result, the student will be placed on probation and not be allowed to participate in competitions, presentations, activities and driving privileges of Cabot Schools for a period of twenty (20) school days. A student may practice or attend an organization's meetings at the discretion of the sponsor/coach but may not compete, dress out for competition, take part in a club's scheduled event beyond meetings or drive on campus. The student will be recommended for counseling; if any charge is incurred, it will be the responsibility of the parents.

On day twenty-one (21), the student will be allowed to be retested (at the expense of parent-guardian). If the retest results are found to be positive, this will count as the official second positive result. If the test results are found to be negative, the student will again become eligible for driving on campus, competitions, presentations, and activities relating to Cabot Schools. However, the student must submit to a mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian for the next three consecutive months when school is in session.

#### **SECOND POSITIVE RESULT:**

A second positive result in the 24-month period following the first positive test will result in the student's suspension from participating in activities and driving on campus for one calendar year (365 days). Because a student may not participate for 365 days, a positive result may result in a schedule change for

elective classes.

**THIRD POSITIVE RESULT:**

For the third positive result, the student will be suspended from participating in activities and driving on campus for the remainder of his/her enrollment with the school district.

**NON-PUNITIVE NATURE OF POLICY:**

No student shall be penalized academically for testing positive for illegal drugs. The results of drug tests pursuant to this policy will not be documented in any student's academic records. Information regarding the results of drug tests 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:**

By accepting this policy, the district is not precluded from utilizing other disciplinary measures set forth in the Student Discipline Policy. Likewise, this policy does not preclude the district from following its disciplinary procedure and resulting action when founded upon reasonable belief and suspicion that a student has participated in drug-related activities.

If a student exhibits physical manifestations in which administration determines to be as a result of drug or alcohol use, the student will be subject to the consequences listed in the Drug and Alcohol Policy defined in section 4:24 of the Student Handbook.

## Form A

### Drug Testing for Extracurricular Activities

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 understood the contents of the Cabot Public Schools Drug Testing Policy. I hereby agree to accept and abide by the policies, standards, rules, and regulations set forth by the Cabot Public School Board and the sponsors for the activity in which I participate.

I also authorized Cabot Public Schools to conduct a breath scan or urinalysis to test for drugs and/or alcohol use. I also authorize Cabot Public Schools to conduct random tests during the current school year. I authorize the release of information concerning the results of such a test to Cabot Public Schools and to the parents and/or guardians of the student.

Permission to participate in Random Drug Testing		
This shall be deemed consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above.		
_____	_____	
Student Printed Name	Signature	Grade
_____	_____	
Legal Parent/Guardian Printed Name	Signature	Date

## Form B

### Drug Testing for Driving Privileges

Applicants must provide photocopies of *Driver's License, Proof of Insurance, Vehicle Registration*

We have read and agree to abide by the parking regulations stated on the parking application. The completed "General Authorization Form A" drug testing for driving privileges from the Cabot Public Schools Drug Testing Policy must be completed in order to receive a parking pass. The policy can be found in the parent's section at [www.cabotschools.org](http://www.cabotschools.org).

Print First/Last Name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Home Address: \_\_\_\_\_

Student Phone #: \_\_\_\_\_ Parent/Guardian Phone #: \_\_\_\_\_

Grade Classification (Circle One):    Sophomore       Junior       Senior

**Parking Fee: \$25**

Seller Last Name: \_\_\_\_\_

TAG # \_\_\_\_\_

## Form C

### Notification of Initial Violation of Drug Screen Testing Policy

I, \_\_\_\_\_ the custodial parent / guardian of  
\_\_\_\_\_, a student in Cabot Public Schools

have been notified by officials of Cabot Public Schools that \_\_\_\_\_

(student's name) has tested positive during the drug test administered under the provisions set by Cabot Public Schools.

**The student is hereby 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, activities and driving privileges of Cabot Schools for a period of twenty school days.**

On day twenty-one, the student will be able to be retested (at the expense of the parent /guardian) under the guidelines set for in the Drug Testing Policy. I, the custodial parent/legal guardian, understand that if the retest results are found to be negative, the so named student will again become eligible for competitions, presentations, activities and driving privileges relating to Cabot Schools. I also understand that the student must submit to a mandatory drug screen or lab test on a monthly basis at the expense of the parent/guardian for the next three consecutive months when school is in session.

If any of the subsequent test results are positive, the so named student will be suspended from competition, presentations, activities and driving privileges relating to Cabot Schools for one calendar year. In addition to the suspension, the student will be immediately referred for professional counseling and rehabilitation at the expense of the parent.

\_\_\_\_\_  
Custodial Parent/Legal Guardian

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Custodial Parent/Legal Guardian

\_\_\_\_\_  
Date

## Form D

### Notification of Second Positive Results of Drug Screen Test

I, \_\_\_\_\_ custodial parent/legal guardian of \_\_\_\_\_ a student in the Cabot Public Schools, was notified on \_\_\_\_\_ (Date) of the first positive drug screen test results of the so named student by \_\_\_\_\_ (School Official).

At the time, I understood that the student would be on probation and not be allowed to participate in competitions, presentations, and activities of Cabot Public Schools for a period of twenty school days. I understood that on day twenty-one, at my own expense, I could request a second test administered under the guidelines set forth in the Cabot Public School's Drug Testing Policy.

I, custodial parent/legal guardian of the so named student, was notified of the second positive test results on the date of \_\_\_\_\_ by \_\_\_\_\_ (School Official).

I understand that under the Cabot Public School's Drug Abuse 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 activities for one calendar year. 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

**Form E**

# **Parental Request for Drug Testing**

**I am requesting that my child be drug tested at the next testing date.**

I understand that this will not be a random drawing (the student will be added to the random list) and that if my child tests positive they will fall under the rules of the random drug testing program (if involved in any activities or driving on campus) and that I am responsible for any expense incurred.

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\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Legal Custodial Parent Signature**

\_\_\_\_\_  
**Date**