

ATHLETIC PARTICIPATION PACKET

HS 2018/19

Name: _____ Grade: _____

Please fill out all forms and return the

COMPLETED PACKET

to the NPHS Athletic office, thanks!

- **IHSAA physical and consent form.
(3 pages, white).**
- **Hendricks Regional Health sports
medicine consent form. (yellow)**
- **Concussion and Sudden Cardiac
Arrest Awareness form. (gray)**
- **Random Drug Test consent form.
(green)**

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep a copy of this form in the chart.)

Date of Exam _____ Name _____ Date of birth _____
 Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.
 Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.
 Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION IHSAA ELIGIBILITY RULES



INDIVIDUAL ELIGIBILITY RULES (Grades 9 through 12)

ATTENTION ATHLETE: Your school is a member of the IHSAA and follows established rules. To be eligible to represent your school in interschool athletics, you:

1. must be a regular bona fide student in good standing in the school you represent; must have enrolled not later than the fifteenth day of the current semester.
2. must have completed 10 separate days of organized practice in said sport under the direct supervision of the high school coaching staff preceding date of participation in interschool contests. (Excluding Girls Golf -- See Rule 101)
3. must have received passing grades at the end of their last grading period in school in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take and must be currently enrolled in at least seventy percent (70%) of the maximum number of full credit subjects (or the equivalent) that a student can take. Semester grades take precedence.
4. must not have reached your twentieth birthday prior to or on the scheduled date of the IHSAA State Finals in a sport.
5. must have been enrolled in your present high school last semester or at a junior high school from which your high school receives its students . . .
 - . . . unless you are entering the ninth grade for the first time.
 - . . . unless you are transferring from a school district or territory with a corresponding bona fide move on the part of your parents.
 - . . . unless you are a ward of a court; you are an orphan, you reside with a parent, your former school closed, your former school is not accredited by the state accrediting agency in the state where the school is located, your transfer was pursuant to school board mandate, you attended in error a wrong school, you transferred from a correctional school, you are emancipated, you are a foreign exchange student under an approved CSIET program. You must have been eligible from the school from which you transferred.
6. must not have been enrolled in more than eight consecutive semesters beginning with grade 9.
7. must be an amateur (have not participated under an assumed name, have not accepted money or merchandise directly or indirectly for athletic participation, have not accepted awards, gifts, or honors from colleges or their alumni, have not signed a professional contract).
8. must have had a physical examination between April 1 and your first practice and filed with your principal your completed Consent and Release Certificate.
9. must not have transferred from one school to another for athletic reasons as a result of undue influence or persuasion by any person or group.
10. must not have received in recognition of your athletic ability, any award not approved by your principal or the IHSAA.
11. must not accept awards in the form of merchandise, meals, cash, etc.
12. must not participate in an athletic contest during the IHSAA authorized contest season for that sport as an individual or on any team other than your school team. (See Rule 15-1a) (Exception for outstanding student-athlete -- See Rule 15-1b)
13. must not reflect discredit upon your school nor create a disruptive influence on the discipline, good order, moral or educational environment in your school.
14. students with remaining eligibility must not participate in tryouts or demonstrations of athletic ability in that sport as a prospective post-secondary school student-athlete. Graduates should refer to college rules and regulations before participating.
15. must not participate with a student enrolled below grade 9.
16. must not, while on a grade 9 junior high team, participate with or against a student enrolled in grade 11 or 12.
17. must, if absent five or more days due to illness or injury, present to your principal a written verification from a physician licensed to practice medicine, stating you may participate again. (See Rule 3-11 and 9-14.)
18. must not participate in camps, clinics or schools during the IHSAA authorized contest season. Consult your high school principal for regulations regarding out-of-season and summer.
19. girls shall not be permitted to participate in an IHSAA tournament program for boys where there is an IHSAA tournament program for girls in that sport in which they can qualify as a girls tournament entrant.

This is only a brief summary of the eligibility rules.

You may access the IHSAA Eligibility Rules (By-Laws) at www.ihsaa.org

Please contact your school officials for further information and before participating outside your school.

(Consent & Release Certificate - on back or next page)

(Must be completed by parent/guardian: where divorce or separation, parent with legal custody must sign)

Student Name: _____ Gender: M F Age: ____ School: _____ Grade: _____

Home Address: _____ Home Phone: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

CONSENT

As parent or legal guardian of the above named student-athlete, my signature below grants consent for Hendricks Regional Health's (H Licensed Athletic Trainer (LAT) and/or attending physician to perform: (Please initial on the line to the left acknowledging you have read understand the following)

- _____ 1. Injury prevention, evaluation, and/or treatment during school athletic activities designated by the school, including pre-participation physicals
- _____ 2. Administration of over the counter medications for use in first aide management and strains/sprains, limited to topical applications (i.e., bacitracin oint hydrocortisone cream, anti-fungal creams, etc.) and oral antacids (i.e., Tums, Roloids, etc.).

Parent/Guardian: _____ Date: _____

ACKNOWLEDGEMENT and RELEASE

Please initial in the line to the left acknowledging you have read and understand the following:

- _____ 1. I acknowledge that my son/daughter knows the risks involved in athletic participation, understand that serious injury, and even death is possible a result of such participation and I choose to accept any and all responsibility for his/her safety and welfare while participating in athletics.
- _____ 2. With full understanding of the risks involved, I release and hold harmless the athletic trainers, physicians, and Hendricks Regional Health (H) of any and all responsibility and liability for any injury or claim resulting from such athletic participation and agree to take no legal action against H because of any accident or mishap involving the athletic participation of my son/daughter.
- _____ 3. All information regarding the medical condition of an athlete is considered confidential. However, pertinent information may be shared with coaching staff, athletic training/medical staff, athletic department administration, school nurse, and school corporation administration to facilitate pro care of the athlete. No further release of medical information will be made without written consent of the athlete and his/her parent/guardian.

I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE. I will be provided a copy of the HRH Joint Notice of Privacy Policies, upon requ

I do ___ do not ___ give my permission for Hendricks Regional Health to contact me via mail/ email for purposes of sharing information related to sports medicine services.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Emergency Contact Information Sheet

This information will be kept CONFIDENTIAL and will only be used to assist in the event of an emergency with your son/daughter.

Mother's Name: _____ Address _____ City _____

State: ____ Zip: _____ Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Father's Name: _____ Address: _____ City: _____

State: ____ Zip: _____ Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Parents email address: _____

Emergency Contact (Outside of Home):

Name: _____ Relationship: _____ Home #: _____ Work #: _____ ext. _____ Cell #: _____

Name: _____ Relationship: _____ Home #: _____ Work #: _____ ext. _____ Cell #: _____

Pertinent Medical Information:

Insurance Company: _____ Policy No: _____ Group/Plan: _____

Family Physician: _____ Phone No: _____

Medical Conditions - please list all

- A. Known Allergies: _____
- B. Known medical conditions, {i.e., cardiac, asthma, special conditions (including, but not limited to sickle cell, diabetes, missing organs, etc.)}: _____
- C. Previous Surgeries or Broken Bones: _____
- D. Current Medications (long-term medications such as asthma inhalers, insulin, Ritalin, etc. to include dosage): _____
- E. Other: _____

HEADS*UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR 

Concussion facts:

- A concussion is a brain injury that affects how your brain works.
- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

What are the symptoms of a concussion?

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

What should I do if I think I have a concussion?

DON'T HIDE IT. REPORT IT. Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.

GET CHECKED OUT. Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.

TAKE CARE OF YOUR BRAIN. A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

How can I help prevent a concussion?

Every sport is different, but there are steps you can take to protect yourself.

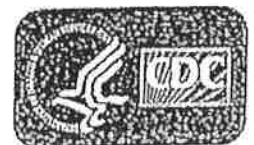
- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

If you think you have a concussion:

Don't hide it. Report it. Take time to recover.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



SUDDEN CARDIAC ARREST

A Fact Sheet for Student Athletes

FACTS

Sudden cardiac arrest can occur even in athletes who are in peak shape. Approximately 500 deaths are attributed to sudden cardiac arrest in athletes each year in the United States. Sudden cardiac arrest can affect all levels of athletes, in all sports, and in all age levels. The majority of cardiac arrests are due to congenital (inherited) heart defects. However, sudden cardiac arrest can also occur after a person experiences an illness which has caused an inflammation to the heart or after a direct blow to the chest. Once a cardiac arrest occurs, there is very little time to save the athlete, so identifying those at risk before the arrest occurs is a key factor in prevention.

WARNING SIGNS

There may not be any noticeable symptoms before a person experiences loss of consciousness and a full cardiac arrest (no pulse and no breathing).

Warning signs can include a complaint of:

- Chest Discomfort
- Unusual Shortness of Breath
- Racing or Irregular Heartbeat
- Fainting or Passing Out

EMERGENCY SIGNS – Call EMS (911)

If a person experiences any of the following signs, call EMS (911) immediately:

- *If an athlete collapses suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes an athlete's complaints of any of the warning signs of sudden cardiac arrest*
- *If an athlete does not look or feel right and you are just not sure*

How can I help prevent a sudden cardiac arrest?

Daily physical activity, proper nutrition, and adequate sleep are all important aspects of life-long health. Additionally, you can assist by:

- Knowing if you have a family history of sudden cardiac arrest (onset of heart disease in a family member before the age of 50 or a sudden, unexplained death at an early age)
- Telling your health care provider during your pre-season physical about any unusual symptoms of chest discomfort, shortness of breath, racing or irregular heartbeat, or feeling faint, especially if you feel these symptoms with physical activity
- Taking only prescription drugs that are prescribed to you by your health care provider
- Being aware that the inappropriate use of prescription medications or energy drinks can increase your risk
- Being honest and reporting symptoms of chest discomfort, unusual shortness of breath, racing or irregular heartbeat, or feeling faint

What should I do if I think I am developing warning signs that may lead to sudden cardiac arrest?

1. *Tell an adult – your parent or guardian, your coach, your athletic trainer or your school nurse*
2. *Get checked out by your health care provider*
3. *Take care of your heart*
4. *Remember that the most dangerous thing you can do is to do nothing*

CONCUSSION and SUDDEN CARDIAC ARREST
ACKNOWLEDGEMENT AND SIGNATURE FORM
FOR PARENTS AND STUDENT ATHLETES

Student Athlete's Name (Please Print): _____

Sport Participating In (If Known): _____ Date: _____

IC 20-34-7 and IC 20-34-8 require schools to distribute information sheets to inform and educate student athletes and their parents on the nature and risk of concussion, head injury and sudden cardiac arrest to student athletes, including the risks of continuing to play after concussion or head injury. These laws require that each year, before beginning practice for an interscholastic or intramural sport, a student athlete and the student athlete's parents must be given an information sheet, and both must sign and return a form acknowledging receipt of the information to the student athlete's coach.

IC 20-34-7 states that a high school athlete who is suspected of sustaining a concussion or head injury in a practice or game, shall be removed from play at the time of injury and may not return to play until the student athlete has received a written clearance from a licensed health care provider trained in the evaluation and management of concussions and head injuries.

IC 20-34-8 states that a student athlete who is suspected of experiencing symptoms of sudden cardiac arrest shall be removed from play and may not return to play until the coach has received verbal permission from a parent or legal guardian of the student athlete to return to play. Within twenty-four hours, this verbal permission must be replaced by a written statement from the parent or guardian.

Parent/Guardian - please read the attached fact sheets regarding concussion and sudden cardiac arrest and ensure that your student athlete has also received and read these fact sheets. After reading these fact sheets, please ensure that you and your student athlete sign this form, and have your student athlete return this form to his/her coach.

As a student athlete, I have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Student Athlete)

(Date)

I, as the parent or legal guardian of the above named student, have received and read both of the fact sheets regarding concussion and sudden cardiac arrest. I understand the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury, and the symptoms of sudden cardiac arrest.

(Signature of Parent or Guardian)

(Date)

DRUG TESTING OF EXTRA-CURRICULAR/CO-CURRICULAR PARTICIPANTS AND THOSE STUDENTS DRIVING TO OR FROM SCHOOL

For the safety, welfare and best interests of the students of North Putnam Community School Corporation, and to promote drug-free lives both during and following high school, the School Corporation adopts a drug education and testing program for use by all high school extra-curricular/co-curricular participants or for students driving to or from school. Drug usage is incompatible with participation in extra-curricular activities within the School Corporation or for students driving to or from school. Such usage increases the risk of injury to the user as well as others. Consent to testing is a condition of participation in all extra-curricular/co-curricular activities. Extra-curricular/co-curricular activities include all school-sponsored groups organized to participate after the close of the school day, including but not limited to, athletics, band, choir, and clubs.

The primary purpose of random drug testing is not intended to be disciplinary or punitive in nature, but rather is intended as an aid in disclosing possible substance abuse problems, and as an extension of educational drug and alcohol programs. The goal of a Random Drug Testing Program is to identify a student with drug residues in his/her body, to provide notification to the custodial parent or guardian, and to educate, intervene, and direct students away from drug and alcohol abuse and toward a healthy, safe and drug-free adult life. The goals of this program are:

- A. To provide for the health and safety of students.
- B. To undermine the effects of peer pressure by providing an additional reason for students to refuse to use illegal drugs.
- C. To detect and act on a student's poor choices while the effects and consequences are reversible.
- D. To reduce injuries and illness which may be caused by students using drugs and alcohol while participating in extra-curricular, co-curricular, or driving to and from school grounds.
- E. To educate all students about the harm caused by the use of drugs and alcohol.
- F. To provide early warning to parents of substance abuse by their children.
- G. To encourage students who use drugs to participate in drug treatment programs.

The Board requires that each student participating in one (1) of the School Corporation's extra-curricular/co-curricular programs or students driving to or from school and his/her parent(s) sign a consent form by which they agree that the student will participate in a random drug-testing program conducted and paid for by the School Corporation.

The drug testing policy shall be distributed to all students and parents. Selection of persons to be tested shall be done in random and confidential manner to protect the identity of those being tested. The Corporation's drug-testing program may include urinalysis tests, saliva screening and/or breathalyzer screening.

A laboratory certified under the auspices of the Clinical Laboratory Improvement Act and the Joint Commission of Accreditation of Healthcare Organizations shall test the samples and an initial assay and a confirmation assay shall be performed before and sample is labeled "positive" for any particular drug. Confidentiality shall be maintained so that the identity of anyone testing positive is made known only to the student, his/her parents or guardian, and the Superintendent and the High School Principal.

for testing. This will keep students conscious of the possibility of being tested at any time during the year.

- B. Urine/Saliva/Breath sample collection and testing will be conducted by an independent testing laboratory. The maximum degree of privacy consistent with sample integrity will be utilized in the collection of urine samples from students.

Each student and his/her parent or legal guardian must consent in writing for the student to be randomly tested pursuant to the drug testing policy. No student will be allowed to participate in extra-curricular/co-curricular activities or be allowed to drive to or from school without this written consent. Along with the consent form, the family of each student will be given information about the dangers of illegal drug use.

When notified by the independent testing laboratory of the identification numbers of the students to be tested, an administrator or designee will ask the student(s) selected to report to a designated area. The administrator or designee will escort the student to the testing site and the "Collector" will obtain a urine sample from each student to be tested using the following procedure:

1. The student will remove outer garments such as a coat or jacket and empty their pockets and the collector will visually verify compliance.
2. The student will wash his/her hands.
3. The collector will open the specimen container in the presence of the student.
4. The collector will check the restroom stall for anything unusual, flush the toilet, and treat the water with dye.
5. The collector will remain outside the restroom or restroom stall during the collection. The student will attempt to deliver at least 30 ml. of urine directly into the specimen container provided by the collector.
6. The collector will make written notes on any unusual circumstances regarding the student or the specimen on the chain of custody form in the record book.
7. The collector will visually check the specimen for signs of contamination, check the specimen temperature (must be between 90.5 degrees F. and 99.8 degrees F.) and record the information requested on the container and the chain of custody form.
8. The collector will seal the specimen in full view of the student, and both the collector and student will date and initial the specimen tape.
9. The collector and student will sign the chain of custody form.
10. The collector will deliver the specimen to the independent testing laboratory per their directions.

Any participating student whose drug test administered pursuant to this policy renders a "positive" test result of only Tobacco (Nicotine/Cotinine) will be subject to the following consequences:

First Positive Result - The participating student and his/her parent or legal guardian will be required to attend a conference with the principal or designee. The student and his/her parent or legal guardian shall be provided with a list of community resources whereas the student can receive counseling and help to quit. The student will be required to meet with a counselor at school at least 6 times within the first 30 days where he/she will receive some educational opportunities regarding the dangers of nicotine/tobacco use. If the student fails to follow through with requirements set forth a suspension shall be imposed until all requirements have been met. The student may continue to participate in practice and contests, but will be subject to recurring drug tests, not random, at times not to be previously disclosed to the student to deter him or her from committing a subsequent violation of the policy for one (1) calendar year.

Second Positive Result – The participating student and his/her parent or legal guardian will be required to attend a conference with the principal or designee. The student will be suspended from contests for thirty (30) calendar days and twenty-five (25%) of the current or next extra-curricular activities as the result of a positive drug test. These suspensions may run concurrently when a student is currently actively involved in an activity. The student may continue to participate in practices. The student will also be subject to recurring drug tests, not random, at times not to be previously disclosed to the student to deter him or her from committing a subsequent violation of the policy for one (1) calendar year.

Third Positive Result – The participating student and his/her parent or legal guardian will be required to attend a conference with the principal or designee. The student will be suspended from all extra-curricular activities for ninety (90) school days and fifty percent (50%) of the current or next extra-curricular activities. The student may not continue to participate in practices. The student will also be subject to recurring drug tests, not random, at times not to be previously disclosed to the student to deter him or her from committing a subsequent violation of the policy for one (1) calendar year.

Fourth Positive Result - The participating student and his/her parent or legal guardian will be required to attend a conference with the principal or designee. The student will be suspended from all extra-curricular activities for one hundred and eighty (180) school days. The student may not continue to participate in practices. The student will also be subject to recurring drug tests, not random, at times not to be previously disclosed to the student to deter him or her from committing a subsequent violation of the policy for one (1) calendar year.

Fifth Positive Result – The participating student and his/her parent or legal guardian will be required to attend a conference with the principal or designee. Upon the student's fifth positive result for tobacco the student will be suspended from participation in all extra-curricular activities for the remainder of his/ her high school career.

*A positive drug screen for a student over the age of 18 **and** not involved in any extracurricular activities will result in notification to the student/parent, but will not result in any sanctions.

All other Tested Substances:

First Positive Result – The participating student and his/her parent or legal guardian will be required to attend a conference with the principal or designee. The student and his/her parent or legal guardian shall be provided with a list of community resources whereas the student can receive counseling and help to quit. The student will be required to meet with a counselor at school at least 6 times within the first 30 days where he/she will receive some educational opportunities regarding the dangers of drug use. If the student fails to follow through with requirements set forth a suspension shall be imposed until all requirements have been met. The student will be suspended from contests for thirty (30) calendar days and twenty-five (25%) of the current or next extra-curricular activities as the result of a positive drug test. These suspensions may run concurrently when a student is currently actively involved in an activity. The student may not continue to participate in practices. The student will also be subject to recurring drug tests, not random, at times not to be previously disclosed to the student to deter him or her from committing a subsequent violation of the policy for one (1) calendar year.

North Putnam Schools Random Drug Testing Consent Form

We have received and have read and understand a copy of the "North Putnam High School Random Drug Testing Program." It is our desire that our student, named below, participate in this program, and hereby, voluntarily agree to be subject to its terms. We accept the method of obtaining urine/breathe/saliva, and all other aspects of the program. We agree to cooperate in furnishing urine/breathe/saliva specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Statutes, and is a waiver of rights to nondisclosure of such test records and results only to the extent of disclosures in the program.

Date: _____

Student Name: _____

Student Signature

Parent/Guardian Signature

.....

Non-consent Form – To be signed and returned if Student and
Parents/Guardians Do Not Wish to participate in the Random Drug Testing
Program

I, (student) _____, have decided not to participate in any activities sponsored by North Putnam High School, or drive to and from school and school activities, for the remainder of this school year. In order for me to participate in any of these activities at a later date, I understand that I must submit to urinalysis/saliva/breath testing.

Student Signature

Parent/Guardian Signature