

OSSAA PHYSICAL EXAMINATION AND PARENTAL CONSENT FORM

PLEASE PRINT

DATE OF EXAM _____

Name _____ Sex _____ Age _____ Date of Birth _____

Grade _____ School _____ Sport(s) _____

Address _____ Phone _____

Personal physician _____ Phone _____

In case of emergency, contact: Name _____

Relationship _____ Phone (H) _____ (W) _____

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

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|----------------------------------|------------------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Have you ever had numbness or tingling in your arms, hands, legs, or feet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an ongoing or chronic illness? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have you ever become ill from exercising in the heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been hospitalized overnight? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Do you cough, wheeze, or have trouble breathing during or after activity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently taking any prescription or nonprescription (over-the-counter) medications or pills or using an inhaler? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have seasonal allergies that require medical treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance? | <input type="checkbox"/> | <input type="checkbox"/> | 29. Do you or does someone in your family have sickle cell trait or disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)? | <input type="checkbox"/> | <input type="checkbox"/> | 30. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever had a rash or hives develop during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you had any problems with your eyes or vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 32. Do you wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have you ever had a sprain, strain, or swelling after injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 34. Have you broken or fractured any bones or dislocated any joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you get tired more quickly than your friends do during exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever had racing of your heart or skipped heartbeats? | <input type="checkbox"/> | <input type="checkbox"/> | 36. If yes, check appropriate box and explain below. | | |
| 14. Have you had high blood pressure or high cholesterol? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hip |
| 15. Have you ever been told you have a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Neck | <input type="checkbox"/> Forearm | <input type="checkbox"/> Thigh |
| 16. Has any family member or relative died of heart problems or of sudden death before age 50? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Back | <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee |
| 17. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Chest | <input type="checkbox"/> Hand | <input type="checkbox"/> Shin/calf |
| 18. Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Finger | <input type="checkbox"/> Ankle |
| 19. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Upper arm | | <input type="checkbox"/> Foot |
| 20. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> | 37. Do you want to weigh more or less than you do now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been knocked out, become unconscious, or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> | 38. Do you lose weight regularly to meet weight requirements for your sport? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you feel stressed out? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Do you have frequent or severe headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 40. Record the dates of your most recent immunizations (shots) for: | | |
| | | | Tetanus _____ Measles _____ | | |
| | | | Hepatitis _____ Chickenpox _____ | | |

Explain "Yes" answers on a separate sheet.

The above information is correct to the best of my knowledge. I hereby give my informed consent for the above-mentioned student to participate in activities. I understand the risk of injury in athletic participation. If my son/daughter becomes ill or is injured, necessary medical care can be instituted by physicians, coaches, athletic trainers or other personnel properly trained. I further acknowledge and consent that, as a condition for participating in activities, identifying information about the above-mentioned student may be disclosed to OSSAA in connection with any investigation or inquiry concerning the student's eligibility to participate and/or any possible violation of OSSAA rules. OSSAA will undertake reasonable measure to maintain the confidentiality of such identifying information, provided that such information has not otherwise been publicly disclosed in some manner.

Signature of parent/guardian _____ Signature of Athlete _____ Date _____

PREPARTICIPATION PHYSICAL EVALUATION

PLEASE PRINT

DATE OF EXAM _____

Name _____

Date of Birth _____

Height _____ Weight _____ Body fat (optional) _____ % Pulse _____ BP _____ / _____ Color Blind Yes No (circle one)

Vision: R 20/ _____ L 20/ _____

Corrected Y/N _____

Pupils: Equal _____ Unequal _____

MEDICAL	Normal	Abnormal Findings
Appearance		
Eyes/Ears/Throat		
Lymph Nodes		
Heart		
Pulses		
Lungs		
Abdomen		
Genitalia (male only)		
Skin		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot		

CLEARANCE

Cleared

Cleared after completing evaluation/rehabilitation for: _____

Not cleared for: _____ Reason: _____

Recommendations: _____

Name & Title of Examiner (Print/Type) _____

Date _____

Address _____

Phone _____

Signature of Examiner _____

Student's name _____ Date _____
 Birthdate ___/___/___ Age _____ Sex: M or F
 Address _____ Home Phone _____

Check appropriate blank and complete information in item 1, if applicable:

___ 1. This is to certify that my child is covered by the following accident insurance:

_____ (Name of Company and Type of Policy)

___ 2. This is to certify that my child will be covered by a student accident insurance policy.

___ 3. This is to certify that we have **NO INSURANCE** policy which will cover our/my child. However, he/she has our/my permission to participate in all school sponsored activities. It is further agreed that the school will be relieved of all responsibility in the event of injury.

_____ (Signature of Parent or Guardian)

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize Dr. _____ or any physician, surgeon or dentist to administer any emergency treatment, procedure or medicine necessary or advisable when school officials accompany: _____

(Student's name)

I also authorize officials to secure the use of an ambulance, if necessary, for transporting my child to the hospital. I further agree to pay the hospital, doctors and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force for as long as my child is a student in this school district, unless the district is notified of a change by me.

Date: _____ Signature _____ (Parent or Guardian)

Emergency Phone #: _____ Relationship: _____

Emergency Phone #: _____ Relationship: _____

If the above arrangement is unsatisfactory, what would you like for us to do with your child in case he/she is injured or becomes seriously ill while in school or at this school activity and we are unable to contact you? Please be specific:

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system**: Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **Noninherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life**: Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic**: Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.



Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete Print Student Athlete's Name Date

Signature of Parent/Guardian Print Parent/Guardian's Name Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

STUDENT DRUG TESTING PROGRAM
EXTRACURRICULAR PARTICIPANT CONSENT FORM

Statement of Purpose of Intent

Participation in school sponsored extracurricular activities at Verden Public Schools is a privilege. Extracurricular activity participants carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs.

Drug use of any kind is incompatible with participation in extracurricular activities on behalf of Verden Public Schools. For the safety, health, and well being of the students of the Verden Public School District, the district has adopted the attached Student Drug Testing Program Policy and the Student Drug Testing Program Consent for use by all extracurricular participant students in grades 7-12.

Participation in Extracurricular Activities

Each extracurricular participant shall be provided with a copy of the Student Drug Testing Program Policy and the Student Consent, which shall be read, signed and dated, by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample (a) at the beginning of the school year or when the student enrolls in an extracurricular activity; (b) when chosen as part of the random selection pool; and (c) at any time requested by the athletic director, principal, sponsor, or coach of the student based on reasonable suspicion of illegal or performance-enhancing drugs or the metabolites thereof. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

Student's Last Name (Print) _____

Student's First Name _____

MI. _____

I understand after having read the Student Drug Testing Program Policy and Student Drug Testing Program Consent Form that, out of care for my safety and health, the Verden Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Verden extracurricular activity, I realize that the personal decisions that I make daily, in regard to the consumption or possession of illegal or performance-enhancing drugs, may affect my health and well being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the policy.

Signature of Student _____

Date _____

We have read and understood the Verden Public School District Student Drug Testing Program Policy and Student Drug Testing Program Consent. We desire that the student named above participate in the extracurricular activity program(s) of Verden Public Schools and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided this program.

Signature of Parent or Custodial Guardian _____

Date _____

Signature of Coach/Sponsor _____

Date _____

**CONCUSSIONS AND HEAD INJURY ACKNOWLEDGEMENT
AND INFORMATION SHEET**

In compliance with the Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the Concussion Fact Sheet provided to you by the Verden School District related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in Verden School District's athletic programs and I, _____ as the parent/legal guardian, have read the information material provided to us by the Verden School District related to concussions and head injuries occurring during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

CONCUSSION/HEAD INJURY FACT SHEET STUDENT-ATHLETES**WHAT IS A CONCUSSION?**

- A concussion is a brain injury
- Is caused by a bump or blow to the head
- Can change the way your brain normally
- Can occur during practice or games in any sport
- Can happen even if you have not been knocked out
- Can be serious even if you have just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- Tell your coaches or parents. Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates may have a concussion.
- Get a medical checkup. A doctor or health care professional can tell you if you have a concussion and when you are OK to return to play.
- Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Additional concussions can cause damage to your brain. It is important to rest until you get approval from a doctor or health care professional to return to play.

HOW CAN I PREVENT A CONCUSSION?

- Follow your coach's rules for safety and rules of the sport.
- Practice good sportsmanship.
- Use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards – **IN ORDER FOR EQUIPMENT TO PROTECT YOU**, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.)

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAT THE WHOLE SEASON!

CONCUSSION/HEAD INJURY FACT SHEET PARENTS/GUARDIANS

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You cannot see a concussion. Signs and symptoms of a concussion can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of a concussion or if you notice any symptoms yourself, seek medical attention right away.

WHAT ARE THE SYMPTOMS REPORTED BY ATHLETES?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

WHAT ARE THE SIGNS OBSERVED BY PARENTS/GUARDIANS?

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot recall events after hit or fall

HOW CAN I HELP MY CHILD PREVENT A CONCUSSION?

- Ensure they follow their coach's rules for safety and rules of the sport.
- Make sure they use the proper equipment, including personal protective equipment (such as helmets, padding, shin guards and eye and mouth guards – **IN ORDER FOR EQUIPMENT TO PROTECT YOU, it must be the right equipment for the game, position and activity; it must be worn correctly and used every time you play.**)
- Learn the signs and symptoms of a concussion.

FOR MORE INFORMATION VISIT:

- www.cdc.gov/TraumaticBraininjury/
- www.oata.net
- www.ossaa.com
- www.nfhslearn.com

IT'S BETTER TO MISS ONE GAME THAT THE WHOLE SEASON!

**STUDENT DRUG TESTING PROGRAM
EXTRACURRICULAR ACTIVITIES**

The Verden Board of Education, in an effort to protect the health and safety of its students from illegal and/or performance-enhancing drug-use and abuse, thereby setting an example for all other students of the Verden Public School District, has adopted the following policy for drug testing of students participating in extracurricular activities.

Purpose and Intent

It is the desire of the board of education, administration, and staff that every student in the Verden Public School District refrains from using or possessing illegal drugs. The administration and board of education realize that their power to restrict the possession or use of illegal drugs is limited. The sanctions of this policy relate solely to limiting the opportunity of any student determined to be in violation of this policy to participate in extracurricular activities. This policy is intended to complement all other policies, rules, and regulations of the Verden Public School District regarding possession or use of illegal drugs.

Participation in school-sponsored extracurricular activities at Verden Public Schools is a privilege. Students who participate in extracurricular activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship, and training. Accordingly, students in extracurricular activities carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of illegal drugs. Additionally, this school district is contracted to follow the rules and regulations of the Oklahoma Secondary Schools Activity Association whose Rule No. 4 Section 1(a) specifically states "A student under a discipline plan or whose conduct or character outside the school is such as to reflect discredit upon the school shall be ineligible until reinstated".

The purposes of this policy are to prevent illegal drug-use, to educate students as to the serious physical, mental, and emotional harm caused by illegal drug-use; to alert students with possible substance abuse problems to the potential harms of illegal drug-use; to help students avoid drugs; to help students get off drugs; to prevent injury, illness, and harm as a result of illegal drug-use; and to strive within this school district for an environment free of illegal drug-use and abuse. This policy is not intended to be disciplinary or punitive in nature. The sanctions of this policy relate solely to limiting the opportunity of any student found to be in violation of the policy to participate in any extracurricular activities. There will be no academic sanction for violation of this policy.

Illegal drug-use of any kind is incompatible with participation in any extracurricular activities. For the safety, health, and well being of the students of the district, this policy has been adopted for use by all extracurricular activity participant students in grades 7-12.

Definitions

1. **Extracurricular** means those activities that take place outside the regular course of study in school, and participants are those students involved in those activities. Extracurricular activities include, but are not limited to: competitive athletics; FFA stock shows, speech contests, and conventions; academic meets, FCCLA events; and cheerleading.
2. **Drug-use test** means a scientifically substantiated method to test for the presence of illegal or performance-enhancing drugs or the metabolites thereof in a person's urine.
3. **Random tests** are given periodically to participants from the random selection pool. The frequency of the random tests and the number of participants in each random test are determined by the administration at the beginning of each school year.

STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)

4. Random selection means a mechanism for selecting students for drug testing that:
 - A. Results in an equal probability that any student from a group of students subject to the selection mechanism will be selected, and
 - B. Does not give the school district discretion to waive the selection of any extracurricular activities participant selected under the mechanism.
5. Random selection pool is the group of participants that have taken an initial drug-use test and are subject to random selection for follow-up tests.
6. Follow-up tests are drug-use tests that are given at any time after the initial drug-use test. Follow-up tests are given periodically to participants from the random selection pool. Follow-up tests can also be given at any time to any participant who has tested positive under a previous test, or may be under suspicion of being under the influence.
7. Illegal drugs mean any substance that an individual may not sell, possess, use, distribute, or purchase under either federal or state law. Illegal drugs include, but are not limited to; all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose.
8. Performance-enhancing drugs include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed, or other athletic ability. The term "performance-enhancing drugs" does not include dietary or nutritional supplements such as vitamins, minerals, and proteins that can be lawfully purchased in over-the-counter transactions.
9. Positive, when referring to a drug-use test administered under this policy, means a toxicological test result which is considered to demonstrate the presence of an illegal or a performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug-use test.
10. Reasonable suspicion means a suspicion based on specific personal observations concerning the appearance, speech, or behavior of an extracurricular participant, and reasonable inferences drawn from those observations in the light of experience. Information provided by a reliable source, if based on personal knowledge, shall constitute reasonable suspicion. In the context of performance-enhancing drugs, reasonable suspicion specifically includes unusual increases in size, strength, weight, or other athletic abilities.
11. Self-referral is when a participant believes he/she will test positive for illegal or performance-enhancing drugs, prior to submission for a drug-use test under this policy, and so notifies the principal, athletic director, coach, or sponsor of such belief.

Procedures

1. Consent - Extracurricular participants in all extracurricular activities shall be provided with a copy of this policy and an Extracurricular Activities Student Drug Testing Program consent form that must be read, signed, and dated by the student, parent or custodial guardian, and coach/sponsor before a participant student shall be eligible to practice in any extracurricular activity. Extracurricular participants who move into the district after the school year begins must undergo the same processes before being eligible to participate. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed consent form.

STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)

By signing the consent form, the extracurricular participant agrees to provide a urine sample (a) at the beginning of the school year or when the student enrolls in an extracurricular activity; (b) when chosen as part of the random selection pool; and (c) at any time requested by the athletic director, principal, sponsor, or coach of the student based on reasonable suspicion of illegal or performance-enhancing drugs or the metabolites thereof.

2. **Sample Collection** - All extracurricular participants shall be required to provide a urine sample for drug-use testing for illegal drugs and/or performance-enhancing drugs. A professional laboratory of the district's choosing that uses scientifically validated toxicological methods will collect all samples. The professional laboratory shall be required to have detailed, written specifications to assure chain of custody of the specimens, proper laboratory control, and the use of scientific testing.

The laboratory technician shall give each student a form on which the student may list any medications he/she has taken or is taking, as well as being able to list any other legitimate reasons for having been in contact with illegal drugs or performance-enhancing drugs in the preceding 30 days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the 24 hours following any drug-use test. The medication list shall be submitted to the lab in a sealed and confidential envelope. Students testing positive for authorized prescription medications will be precluded from any consequences of that positive test.

All aspects of the drug-testing program, including the taking of specimens, will be conducted to safeguard the personal and privacy rights of students to a maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility with an enclosed stall or stalls. The laboratory technician, to ensure the privacy of the student as well as the integrity and validity of the sample, shall secure the specimen collection area. All collection procedures used by the laboratory technician shall be pre-approved by the administration.

If at any time during the testing procedure the laboratory technician has reason to believe or suspect that a student is tampering with the specimen, the laboratory technician may stop the procedure and inform the athletic director/sponsor, who will then determine if a new sample should be obtained.

3. **Positive Test** - If the initial drug-use test is positive, the initial test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six months or to the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.
4. **Reporting** - If the drug-use test for any student has a positive result, the laboratory will contact the principal or designee with the results. Procedures for maintaining confidentiality will be practiced. The principal or designee will contact the student, the head coach/sponsor, and the parent or custodial guardian of the student and schedule a conference. At the conference, the student will be given the opportunity to submit additional information to the principal or to the lab. The school district will rely on the opinion of the laboratory that performed the test in determining whether the positive test result was produced by other than consumption of an illegal drug on performance-enhancing drug. Under no circumstance will results from a drug-use test under this policy be turned over to any law enforcement officer or agency.

STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)

5. Consequences --

- A. **First positive test.** The student will be suspended from participation in all extracurricular activities for a minimum of two weeks, and until a negative test result can be obtained from a district approved drug screening laboratory. The student and parent/guardian must attend counseling twice during the suspension period as well as an additional session following the suspension period. Counseling will consist of a session with the Verden Public Schools counselor and a session with a counseling service provided by the school. The follow-up session may be with one or both counselors.
- B. **Reinstatement.** A student may be reinstated to participate in extracurricular activities once all conditions of his/her suspension have been met. Conditions for reinstatement will be determined by the principal and can include but are not limited to a prescribed number of days suspended from all extracurricular activities, counseling, and testing negative on regularly scheduled drug-use tests.
- C. **Second positive test.** After a student has been reinstated to participate in extracurricular activities following a suspension from a positive drug-use test, that student will be subject to periodic random tests throughout the school year along with all other students enrolled in extracurricular activities, and can be included in all random tests performed throughout the year as part of the student's condition for reinstatement.

A student receiving a second positive test result within the same academic school year will be suspended from participation in any extracurricular activity for 175 school days.

- D. **Self-Referral.** A student who self-refers to the athletic director, principal, coach, or sponsor before being notified to submit to a drug-use test will be required to take a drug-use test. If that drug-use test is negative, the student will be allowed to remain active in all extracurricular activities. However, the student will be considered to have committed his/her first offense under this policy, and will be required to retest and receive counseling as would a student who has tested positive.

Should the results of a drug-use test of a student who self-refers be positive, that student will be suspended from all extracurricular activities until a negative test is obtained from a professional laboratory of the district's choosing. This student will also be considered to have committed his/her first offense under this policy, and will be required to retest and receive counseling.

A student who has received a positive drug-use test through either the initial drug-use testing procedure, or the periodic random testing procedure is not allowed the privileges of self-referral. In addition, a student who has self-referred at some time during the course of the school year, is not allowed the privileges of self-referral for a second time.

- E. **Refusal to submit to a drug-use test.** Any extracurricular participant who refuses to submit to a drug-use test under this policy will not be eligible to participate in any extracurricular activity, including all meetings, practices, performances, and competition for 175 school days.
6. **Periodic Random Tests** -- All students who are enrolled in extracurricular activities will be subject to periodic random drug-use tests throughout the school year. The frequency of tests and number of students to be randomly tested is to be determined by the district's administration. All of the names of the students enrolled in extracurricular activities shall be provided to the drug-testing laboratory to form a random selection pool. The drug testing laboratory will randomly select the students to be tested. The laboratory will

also select the dates on which the tests are to be performed, loosely corresponding with the intervals prescribed by the administration.

7. **Non-Extracurricular Activity Students** – Parents or custodial guardians of students who are not enrolled in extracurricular activities may have their children included in the random selection pool by signing the drug testing program consent form. Non-extracurricular activity students will only be a member of the random selection pool and not the initial screening. Non-extracurricular activity students who test positive will not be subject to any disciplinary or punitive actions from the school staff or administration. Parental notification will be made and counseling will be offered.
8. **Reasonable Suspicion** – In addition to the procedures as outlined above, any extracurricular participant or member of the random selection pool may be required to submit a drug-use test for illegal drugs or performance-enhancing drugs or the metabolites thereof at any time upon reasonable suspicion by the athletic director, principal, coach, or sponsor of the student.

STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)

9. **Appeal** - A student, or parent or custodial guardian of a student, who has been determined by the principal or designee to be in violation of this policy shall have the right to appeal the decision to the superintendent or the superintendent's designee(s), during which time the student will remain eligible to participate in any extracurricular activities. Should the parent or custodial guardian not agree with the superintendent's decision, an appeal can be made to the School Board. Such appeal must be lodged within five business days of notice of the initial report of the offense as stated in this policy. Until the appeal can be heard by the School Board, the student will be subject to the restrictions placed upon the student by the Superintendent. The School Board shall then determine whether the original finding was justified. There is no further appeal right from the School Board's decision and the decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the School Board, which shall be final and nonappealable.

The school district will incur the cost of the initial drug-use test and any tests drawn from the random selection pool. The cost of subsequent tests for the purpose of reinstatement to participate in extracurricular activities will be the responsibility of the student and/or the parent or custodial guardian.

CROSS-REFERENCE: Policy FNCF, Drug-free Schools