

## **Amended Board Policy**

### **Drug-Testing of Athletes**

The Board requires that each student and their parent or guardian in any of the District's interscholastic athletic programs agree that the student athlete participate in a reasonable suspicion drug-testing program. The test or tests will be conducted by a certified independent contractor or physician and paid for by the District.

The Superintendent shall develop administrative guidelines, which provide for a drug-testing procedure that will produce consistently-reliable test results and protects the student's rights to privacy. A list of performance-enhancing substances developed by the State Department of Community Health shall be included in AG 2431.

A student athlete who tests positive for any illegal substances (in accordance with the testing methods authorized by the School Board), shall become ineligible to participate in athletics for a period as given in the athletic code.

### **Administrative Guidelines**

#### **Drug Testing of Student Athletes**

The Board requires that each student and their parent or guardian in any of the District's interscholastic athletic programs agree to participate in a reasonable suspicion drug-testing program. The test or tests will be conducted by a certified independent contractor and paid for by the District. A list of banned drugs and performance-enhancing substances developed by the NCAA and adopted by the Michigan Department of Public Health are listed in the back of the athletic handbook.

All test results will be given to the Athletic Director and the student, parent, or guardian. If the student or parent or guardian asserts any privilege or withdraws the consent given in the Athletic Consent form, the athlete shall immediately be ineligible for further athletic participation. The testing lab will be instructed to test for one or more illegal drugs. Student participant samples will not be screened for the presence of any substance other than an illegal drug or for the existence of any physical condition other than drug intoxication.

A student athlete who tests positive for any illegal substances (in accordance with the testing methods authorized by the School Board), shall become ineligible to participate in athletics for a period as given in the athletic code. A student athlete or parent/guardian may request a retest within 24 hours of the original test at his/her own expense. Students who are taking prescription medication may provide a copy of the prescription or a copy of a doctor's verification that provides evidence that the substance is for a condition where the drug or drug family is prescribed for a medical reason. This information must be provided to school personnel within 24 hours of the test. A student athlete who tests positive will be required to participate in a drug education program in addition to serving an athletic suspension as per the Athletic Code of Conduct.

## **Reasonable Suspicion**

*Reasonable suspicion* is intended to target situations when there are objective facts or specific occurrences that support the conclusion that a student-athlete may be using alcohol or other prohibited drug substances. Reasonable suspicion may also be triggered by a previous positive test or an arrest and/or suspension for possession/use of illegal substances within the preceding twelve months. *Reasonable suspicion* is based on a common sense conclusion upon which practical people ordinarily rely. These conclusions can be drawn from observed or reliably described human behavior that is determined to be warning signs for possible drug/alcohol use (e.g., changes in emotional and physical condition and academic/athletics achievement, witnessed drug use, possession, etc.).

All Athletic Department personnel are required, and other teaching or administrative staff are encouraged to report to a student-athlete's respective head coach, head athletics trainer, administrator or athletic director specific facts or observable behaviors that indicate that a particular student-athlete may be violating the policies expressed in this program.

All factual information and evidence relevant to a determination of reasonable suspicion must be presented to the athletic director, or designee, in writing utilizing the Reasonable Suspicion Form attached hereto as Appendix A. The athletic director, or designee, will determine whether the facts are clearly articulated and reasonable. If so, the athletic director, or designee, will submit all relevant facts in writing to a contracted consultant. The athletic director, or designee, will then notify the student-athlete to meet with the contracted consultant for an examination and interview. The contracted consultant will schedule the meeting and will specifically ask if the student-athlete is taking any substance to treat a medical condition and shall record this information in the consultant's written record. After the interview, the contracted consultant will then determine whether or not the student-athlete should be subject to an immediate drug/alcohol test pursuant to the reasonable suspicion policy.



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Appendix A  
**FRUITPORT COMMUNITY SCHOOLS  
DEPARTMENT OF ATHLETICS  
DRUG TESTING REASONABLE SUSPICION  
REPORTING FORM**

I, \_\_\_\_\_, under the reasonable suspicion provision  
Fruitport Coaching Staff /Administrative or Teaching Staff

that is outlined in the Fruitport Community Schools Administrative Guidelines for Drug Testing of student athletes, report that based on the following objective sign(s), symptom(s) or behavior(s) or based on reliable information reported to me that I reasonably believe warrant

\_\_\_\_\_ be referred to the Director of Athletics or his/her designee  
Name of Student-Athlete

for possible substance testing. The following sign(s), symptom(s) or behavior(s) were observed by me over the past \_\_\_\_\_ hours and/or \_\_\_\_\_ days.

**Please check below all that apply:**

The Student-Athlete has shown:

- \_\_\_\_\_ irritability
- \_\_\_\_\_ loss of temper
- \_\_\_\_\_ poor motivation
- \_\_\_\_\_ failure to follow directions
- \_\_\_\_\_ verbal outburst (e.g. to faculty, staff, teammates)
- \_\_\_\_\_ physical outburst (e.g. throwing equipment)
- \_\_\_\_\_ emotional outburst (e.g. crying)
- \_\_\_\_\_ weight gain
- \_\_\_\_\_ weight loss
- \_\_\_\_\_ sloppy hygiene and/or appearance

**The Student-Athlete has been:**

- \_\_\_\_\_ late for practice
- \_\_\_\_\_ late for class
- \_\_\_\_\_ not attending class
- \_\_\_\_\_ receiving poor grades
- \_\_\_\_\_ staying up too late
- \_\_\_\_\_ missing appointments



**FRUITPORT COMMUNITY SCHOOLS ATHLETIC CONSENT FORM**  
(PARENT COPY *Please use back page for tear out*)

Student \_\_\_\_\_ D.O.B. \_\_\_\_\_  
LAST FIRST

As parent or guardian of the above named student, (or as an emancipated minor) I hereby grant permission for him/her to participate in the **2008-09** school year as a member of one or more Fruitport Community Schools athletic teams. I have read, understand, accept, and agree to support the school district's **year-round** athletic code and the related athletic policies found in the parent student handbook.

**RESPONSIBILITIES OF PARTICIPATION**

I will abide by all school rules and the coach's team rules. I realize that participants are responsible for the maintenance and proper return of all issued equipment and uniforms, and are responsible financially for damage due to loss, neglect or improper use. I realize that uniforms/warm-ups are only to be worn for approved events. I give my permission for sport related photos, statistics, or rosters to be used for publicity or eligibility reporting purposes. I consent to the disclosure of information that might otherwise be privileged under either FERPA or HIPPA for any purpose necessary for the determination of athletic eligibility under the school rules, or the rules of the MHSAA.

**CITIZENSHIP STANDARDS FOR PARTICIPATION**

I understand that *participation in athletics is a privilege*, not a right. Athletes are to exemplify good citizenship, trustworthiness, and a proper public image in the greater community as well as in school-- in and out of season. I understand the Athletic Code and citizenship expectations as given in this handbook also apply to postings on the internet. *I realize that standards of participation for athletes often exceed minimum MHSAA and FHS regulations.*

**SPORTSMANSHIP**

I will demonstrate sportsmanship and exercise self-control to coaches, officials, opponents, and spectators. I understand that excessive display of temper, and the use of profanity in any form are not permitted. I understand that these sportsmanship guidelines apply to parents and spectators- as well as participants.

**HEALTH AND SAFETY**

I understand that in each sport the risk of injury or even death exists; and accept the risk in participation. Having been so cautioned and warned, I also realize the responsibility for reducing the chance for injury by obeying safety rules, following a proper conditioning program, inspecting one's own equipment regularly, and reporting physical problems and injuries to the coach or trainer.

I will abide by the decisions of the athletic trainer and other professionals that the school has contracted related to injuries and return to play.

I give consent for Impact concussion management pre and post testing for collision sports.  
I give consent for and agree to comply with the "reasonable suspicion" drug- testing program as per school Board and Athletic Department policies.

I realize that it is my/our responsibility to pay for all medical treatment arising from participation in a school sport. I understand that Fruitport Community Schools provides *supplemental* student medical insurance coverage for injuries incurred while participating, and that 24-hour coverage is available for purchase through First Agency of Kalamazoo, Michigan.

Name of insurance carrier \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_ Check here if the student athlete has no health insurance

**Signatures below indicate comprehension of the policies and procedures in the Parent Student Athletic Handbook. Office copy of this form must be completed and on file prior to participation.**

Parent/Guardian: \_\_\_\_\_ date \_\_\_\_\_

Student: \_\_\_\_\_ date \_\_\_\_\_