

Cumberland Valley School District
6746 Carlisle Pike
Mechanicsburg, PA 17055

**POLICY NO. 227: RANDOM DRUG TESTING AND BREATHALYZER TESTING
GENERAL AUTHORIZATION AND CONSENT**

We, the undersigned Student and Parent/Guardian, understand that the consumption of alcohol and the illegal use of controlled substances are unlawful activities which pose a substantial risk of harm to the Student and other members of the community. The Student hereby agrees to accept and abide by the standards, rules, and regulations set forth by Cumberland Valley School District Policy No. 227 (Drug Awareness/Paraphernalia). Under Policy No. 227, two procedures have been put in place to address the concerns about student use of drugs and alcohol: Random Drug Testing and Random Breathalyzer testing.

RANDOM DRUG TESTING (applies to students participating in privileged activities)

Student participation in athletics, extra-curricular activities, co-curricular activities, and driving to school is a privilege. The Student's participation in these activities and the reputation of the school are dependent, in part, on the Student's conduct as an individual. By signing this General Authorization and Consent, if the Student participates in athletics, an extra-curricular activity, a co-curricular activity, or receives driving privileges, the Student and Parent/Guardian hereby agree and consent to having the Student participate in random drug testing for the duration of time the Student participates in the activity.

The Student and Parent/Guardian also authorize Cumberland Valley School District to conduct, and hereby consent to, a test on a urine specimen which a Student randomly selected for testing will provide for the purpose of screening for drug use. We also authorize the release of information concerning the results of such a test to the Cumberland Valley School District and to the Parents and/or Guardians of the Student.

RANDOM BREATHALYZER TESTING (applies to students participating in certain school social functions)

Furthermore, the Student and Parent/Guardian acknowledge and understand that the Cumberland Valley School District has implemented random breathalyzer testing of students who attend certain school-related social functions, including but not limited to school dances, Winter Gala and the Prom. Students attending such social functions may be selected randomly for the purpose of undergoing breathalyzer testing prior to being permitted entry into the event. Breathalyzer testing will be performed by qualified individuals for the purpose of determining whether a student has consumed alcohol. The Student and Parent/Guardian hereby consent to Cumberland Valley School District administering a breathalyzer test to the Student that attends such a social function, in the event the Student is randomly selected for such test.

This also shall be deemed a consent pursuant to the Family Education Right to Privacy Act for the release of above information to the parties named above. These signatures signify consent to the standards, rules and regulations as set forth in Policy No. 227. Policy No. 227 is available upon request at the high school office or may be viewed on the district web site www.cvschools.org.

NOTE:

Under Section II of Policy 227, only students participating in a privileged activity may be randomly drug tested; only students attending certain school social functions may be randomly breathalyzed.

Student Name (Please Print) Date: _____ Grade: _____

Student Signature Date: _____

Parent or Guardian Signature Date: _____

For RANDOM DRUG TESTING Only

PARENTS/GUARDIANS: Sign below if you would like to be present during the random drug testing process. Please understand you would need to be available during school hours and without prior warning. A phone call will be made and the testing process could take place within one half hour of the phone call. Write the phone number that should be called between 7:30 a.m. —2:30 p.m.

Signature Date Phone Number

csj:279753
12050-121

CUMBERLAND VALLEY SCHOOL DISTRICT

6746 Carlisle Pike, Mechanicsburg, PA 17050-1796
Phone (717) 697-8261

AUTHORIZATION TO DISCLOSE INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

Name of Student:

First Name	Middle Initial	Last Name
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We, the above-named student (the "Student") and the parent(s)/legal guardian of the Student understand that as a condition of participation in the extracurricular activities at Cumberland Valley School District (the "District") every student of the District must consent to random drug testing, and any necessary repeat or follow-up testing to detect the illegal use of drugs. We understand that the random drug testing, and any necessary repeat or follow-up testing, will consist of the furnishing of a urine specimen which will be tested by the Department of Laboratory Medicine of Holy Spirit Hospital of the Sisters of Christian Charity ("Holy Spirit Hospital") for the presence of amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, methaqualone, opiates, PCP and propoxyphene, and, at the District's request, anabolic steroids and other performance-enhancing drugs ("Controlled Substances").

We hereby authorize the Department of Laboratory Medicine of Holy Spirit Hospital and the physician serving as the Medical Review Officer (MRO) to report the results of the Student's drug test to the Student, the Student's parent(s)/legal guardian and the following employees of the Cumberland Valley School District:

- The Superintendent and Assistant Superintendent
- The Student's Building Principal
- The Student Assistance Team
- The Athletic Director, Coach, Program Director and Faculty Supervisor who supervises the student's participation in the athletic team, extra-curricular activity or co-curricular activity, as the case may be.

We further authorize the Department of Laboratory Medicine of Holy Spirit Hospital and the physician serving as the MRO to report to the above-listed persons the results of any repeat drug testing necessary due to specimen quality and the results of any follow-up testing to confirm a positive drug test or to confirm drug free status following entry into a drug assessment or drug treatment program.

The purpose of the reporting of the Student's drug test results to the Student, the Student's parent(s)/legal guardian, and the above-named employees of the District is to enforce the District policy that students participating in athletics, students participating in extracurricular and co-curricular activities, and students with driving privileges, be drug free, and to facilitate placement of students who test positive participate in a drug assessment or drug treatment program. This Authorization shall expire on the earlier of the date of the signing by the Student and the Student's parent(s) or legal guardian of another Authorization to Disclose Individually Identifiable Health Information intended for the same purposes stated in this Authorization, the date on which the Student's enrollment as a student in the District terminates or one (1) year from the date of this Authorization.

We understand that we have the right to revoke this Authorization by delivering to the Administrative Director of the Department of Laboratory Medicine of Holy Spirit Hospital, 503 North 21st Street, Camp Hill, Pennsylvania, 17011 a written statement stating our intent to revoke this Authorization. We also understand that our revocation will be effective immediately upon its receipt by the Administrative Director of the Department of Laboratory Medicine of Holy Spirit Hospital. We further understand that if we refuse to sign this Authorization, or if we revoke this Authorization, the Student will not participate in any drug testing and, therefore, will not be eligible for participation in the District's athletic program, extracurricular or co-curricular program, or for the driving privileges, for which the testing was required.

We understand the disclosure from Holy Spirit Hospital to the Student, the Student's parent(s)/legal guardian and the employees of the School District is subject to the privacy requirements of the regulations issued under the Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. Part 164, Subpart E (Privacy of Individually Identifiable Health Information), and is therefore subject to disclosure only as set forth in the notice of privacy rights which we received along with this Authorization. We understand that after the information about the Student is disclosed by Holy Spirit Hospital to the District and ourselves, it is no longer protected by the HIPAA regulations from redisclosure by the District or ourselves to other parties. However, the District and Holy Spirit Hospital have agreed that the District will not disclose the results of any Student's drug test to any persons except those identified in this Authorization.

We hereby acknowledge that we have received a signed copy of this Authorization, and we have received a copy of Holy Spirit Hospital's Notice of Privacy Practices.

Student:

Date

Parent(s)/Legal Guardian (please circle applicable term):

Date

Date
