



Colstrip Public Schools

216 Olive Drive • P.O.Box 159 • Colstrip, MT 59323-0159 • 406-748-4699
colstrippublicschools.org

Dear parent/guardian,

We are about to enter the 2019-2020 school year. Below, you will find a list on what your child will need to participate in extra-curricular activities and sports.

MHSA requires anyone in sports to receive a physical, and to read and sign the information on concussions.

Colstrip Public Schools requires extra-curricular/sports participants to fill out a permission slip allowing them to participate, which includes a \$35.00 activity fee; this will provide an activity pass that will get them into all home games. A drug screening consent form must also be signed. Drug tests will be performed per the new policy. If you have any questions please call or email.

The Colstrip Medical Center will perform physicals for a fee of \$30.00

All of this information is available at colstrippublicschools.org and on the Colstrip Public Schools Facebook page; hard copies are available in the CHS office.

ACTIVITY CHECKLIST CHS

_____SPORTS PHYSICAL

- Please note that if your student needs to carry and self-administer an inhaler/epi pen, an annual form must be completed. Ask your healthcare provider. "Montana permission to carry and self-administer medication."

_____CONCUSSION FORM

_____PERMISSION TO PARTICIPATE

_____DRUG CONSENT FORM

_____ \$35.00 FEE FOR ACTIVITY (WILL GET ACTIVITY CARD)

Please return the items indicated to the CHS office prior to your sport/activity starting.

Thank you,

Leslie Hull
Colstrip Activities
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leslie.hull@colstrip.k12.mt.us



Student-Athlete & Parent/Legal Guardian Concussion Statement

Because of the passage of the Dylan Steiger's Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. Montana law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete's parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-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.

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Guardian Name(s): _____

We have read the *Student-Athlete & Parent/Legal Guardian Concussion Information Sheet*.

If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A.
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date



A Fact Sheet for ATHLETES

WHAT IS A CONCUSSION?

A concussion is a brain injury that:

- Is caused by a bump or blow to the head
- Can change the way your brain normally works
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged"

WHAT ARE THE SYMPTOMS OF A CONCUSSION?

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light
- Bothered by noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion
- Does not "feel right"

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

- **Tell your coaches and your parents.** Never ignore a bump or blow to the head even if you feel fine. Also, tell your coach if one of your teammates might 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. Second or later 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?

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.
- Use the proper sports 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, or activity
 - > Worn correctly and fit well
 - > Used every time you play

Remember, when in doubt, sit them out!
It's better to miss one game than the whole season.



A Fact Sheet for PARENTS

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 can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athlete

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

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.

2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, when in doubt, sit them out!

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

Be Prepared

A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be mild bump or blow to the head can be serious. Concussions can occur in any sport or recreation activity. So, all coaches, parents, and athletes need to learn concussion signs and symptoms and what to do if a concussion occurs.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS	SYMPTOMS REPORTED BY YOUR CHILD OR TEEN	
<ul style="list-style-type: none"> •Appears dazed or stunned •Is confused about events •Answers questions slowly •Repeats questions •Can't recall events prior to the hit, bump, or fall •Can't recall events after the hit, bump, or fall •Loses consciousness (even briefly) •Shows behavior or personality changes •Forgets class schedule or assignments 	<p><u>Thinking/Remembering:</u></p> <ul style="list-style-type: none"> •Difficulty thinking clearly •Difficulty concentrating or remembering •Feeling more slowed down •Feeling sluggish, hazy, foggy, or groggy <p><u>Physical:</u></p> <ul style="list-style-type: none"> •Headache or “pressure” in head •Nausea or vomiting •Balance problems or dizziness •Fatigue or feeling tired •Blurry or double vision •Sensitivity to light or noise •Numbness or tingling •Does not “feel right” 	<p><u>Emotional:</u></p> <ul style="list-style-type: none"> •Irritable •Sad •More emotional than usual •Nervous <p><u>Sleep*:</u></p> <ul style="list-style-type: none"> •Drowsy •Sleeps less than usual •Sleeps more than usual •Has trouble falling asleep <p><i>*Only ask about sleep symptoms if the injury occurred on a prior day.</i></p>

LINKS TO OTHER RESOURCES

- CDC–Concussion in Sports
 - <http://www.cdc.gov/concussion/sports/index.html>
- National Federation of State High School Association/ Concussion in Sports
 - www.nfhslearn.com
- Montana High School Association – Sports Medicine Page
 - <http://www.mhsa.org/SportsMedicine/SportsMed.htm>

COLSTRIP PUBLIC SCHOOLS' ACTIVITY RULES

Students who participate in any activity at Colstrip Schools are required to abide by all district rules and policies. The penalties for non-compliance are contained in the district discipline policy and it is the duty of each student participant and his/her parent to read, follow and understand the rules.

ELIGIBILITY - Any student, to be eligible for Frank Brattin Middle School or Colstrip High School activities, must be passing every subject in which he/she is currently enrolled, as evidenced by the weekly eligibility list. Any student on the eligibility list with one or more failing grades will not be permitted to participate in any school activity for the week and weekend following their name appearing on the list. In addition, students attending Colstrip High School must have passed two and one-half (2 1/2) credits of instruction from the previous term (semester) to be eligible for participation in MHSA sanctioned activities. (Previous semester is defined in the current MHSA handbook).

All reports of a rule violation will be investigated and dealt with by the respective coach/sponsor and activities director/principal.

Coaches/sponsors may have additional rules for his/her sport/activity. A copy of these rules will be provided for the student participant at one of the first practices.

ASSUMPTION OF RISK - The Board recognizes that certain risks are associated with participation in interscholastic activities. While the District will strive to prevent injuries and accidents to students, each parent or guardian will be required to sign an "assumption of risk" statement, which indicates that the parents assume all risks for injuries resulting from such participation. **Each participant shall be required to furnish evidence of physical fitness on an MHSA-approved form prior to becoming a member of an interscholastic team.** A participant shall be free of injury and shall have fully recovered from illness before participating in any event.

There is an activity fee which will include an activity pass to get into all home games. CHS is \$35.00 FBMS is \$25.00

By signing the form below, student and parent(s) agree that they have read and agreed to abide by all rules regarding extracurricular /co-curricular activities as stated in the student activity handbook, respective school's handbook and this form.

STUDENT PERMISSION TO PARTICIPATE

I hereby give my consent for _____ (student) to participate for Colstrip Public Schools Activities.

I also give _____ (student) permission to ride school-sponsored transportation to/from any activity taking place away from Colstrip. I hereby also give the school permission to seek first aid treatment and medical services if necessary for the student listed above, should an emergency arise and with the understanding that there will be no financial obligation on the part of the school.

Date _____
Student Signature _____

Date _____
Parent/Guardian Signature _____

Student allergies to medication: _____

Student Date of Birth: _____

Home Phone: _____ Emergency Phone _____

Include \$35.00 CHS

Include \$25.00 FBMS

***Colstrip Public School District
Student Drug Testing Consent Form***

Statement of Purpose and Intent

Participation in school sponsored interscholastic activities at the Colstrip School District is a privilege. Activity Students 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 interscholastic activities on behalf of the Colstrip Public School District. For the safety, health, and well-being of the students, the Colstrip Public School District has adopted the attached Activity Student Drug Testing Policy and the Student Drug Testing Consent for use by all participating students at the middle school and high school levels.

Participation in Interscholastic Activities

Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent, which shall be read, signed and dated by the student, parent or custodial guardian before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a saliva and/or urine sample: a) as chosen by the random selection basis; and b) at any time requested based on reasonable suspicion to be tested for illegal drugs. 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

First Name

MI

I understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent," that, out of care for my safety and health I am subject to random basis testing throughout the school year and that Colstrip Public School District enforces the rules applying to the consumption or possession of illegal drugs. As a member of a Colstrip interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal 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 drugs any time while I am involved in in-season activities or the off-season, 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 Colstrip Public School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent." We desire that the student named above participate in the interscholastic programs of the Colstrip Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining saliva and/or 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 in this program.

Signature of Parent or Custodial Guardian

Date

Policy History:

Adopted on:

Reviewed on: 06/10/13, 03/07/2016, 04/11/2016

Revised on: 05/11/09, 04/11/2016

1 **Colstrip School District**

2
3 **STUDENTS**

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6 **ACTIVITY STUDENT DRUG TESTING POLICY**

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8 The Colstrip Board of Education in an effort to protect the health and safety of its interscholastic activity
9 students from illegal drug use and abuse, thereby setting an example for all other students of the Colstrip
10 Public School District adopts the following policy for drug testing of activity students.

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12 *STATEMENT OF PURPOSE AND INTENT*

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14 Although the Board of Education, administration, and staff desire that every student in the Colstrip Public
15 School District refrain from using or possessing illegal drugs, district officials realize that their power to
16 restrict the possession or use of illegal drugs is limited. Therefore, this policy governs only illegal drug
17 use by students participating in interscholastic activities. The sanctions imposed for violations of this
18 policy will be limitations solely upon limiting the opportunity of any student determined to be in violation
19 of this policy to a student's privilege to participate in interscholastic activities. No suspensions from
20 school or academic sanctions will be imposed for violations of this policy. This policy supplements and
21 complements all other policies, rules, and regulations of the Colstrip Public School District regarding
22 possession or use of illegal drugs.

23
24 Participation in school-sponsored interscholastic activities at the Colstrip Public School District is a
25 privilege. Students who participate in these activities are respected by the student body and are
26 representing the school district and the community. Accordingly, students in interscholastic activities
27 carry a responsibility to themselves, their fellow students, their parents and their school to set the highest
28 possible examples of conduct, sportsmanship, and training, which includes avoiding the use or possession
29 of illegal drugs.

30
31 The purposes of this policy are five-fold:

- 32 1. To educate students of the serious physical, mental and emotional harm caused by illegal drug
33 use.
- 34 2. To alert students with possible substance abuse problems to the potential harms that drug use
35 poses for their physical, mental, and emotional well being and offer them the privilege of
36 competition as an incentive to stop using such substances.
- 37 3. Ensure that students adhere to a training program that bars the intake of illegal drugs.
- 38 4. To prevent injury, illness, and harm for students that may arise as a result from illegal drug use.
- 39 5. To offer students practices, competition and school activities free of the effects of illegal drug
40 use.

41 Illegal drug use of any kind is incompatible with the physical, mental, and emotional demands placed
42 upon participants in interscholastic activities and upon the positive image these students project to other
43 students and to the community on behalf of the Colstrip Public School District. For the safety, health and
44 well being of students in interscholastic activities the Colstrip Public School District has adopted this
45 policy for use by all participants in interscholastic activities in grades 6-12.

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3 The administration may adopt regulations to implement this policy.
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5 **I. Definitions**

6 "Activity Student" means a member of any middle school or high school Colstrip Public School
7 District sponsored organization that participates in interscholastic competition.
8

9 "Drug use test" means a scientifically substantiated method to test for the presence of illegal drugs or
10 the metabolites thereof in a person's urine.
11

12 "Random Selection Basis" means a mechanism for selecting activity students for drug testing that:
13

- 14 A. results in an equal probability that any activity student from a group of activity students
15 subject to the selection mechanism will be selected, and
16
17 B. does not give the School District discretion to waive the selection of any activity student
18 selected under the mechanism.
19
20

21 "Illegal drugs" means any substance that an individual may not sell, possess, use, distribute or purchase
22 under either Federal or Montana law. "Illegal drugs" includes, but is not limited to, all prescription drugs
23 obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive
24 purpose. "Illegal drugs" shall also include alcohol.
25

26 "Non Negative" when referring to a drug use test administered under this policy means a toxicological test
27 result which is considered to demonstrate the presence of an illegal drug or the metabolites thereof using
28 the standards customarily established by the testing laboratory administering the drug use test.
29

30 "Reasonable suspicion" means a suspicion of illegal drug use based on specific observations made by
31 coaches/administrators/sponsors of the appearance, speech, or behavior of an activity student; the
32 reasonable inferences that are drawn from those observations; and/or information of illegal drug use by an
33 activity student supplied to school officials by other students, staff members, or patrons.
34

35 "Sample" means a sample of saliva and/or urine collected for the purpose of analysis for the presence of
36 illegal substances.
37

38 **II. Procedures**

39
40 Each Activity Student shall be provided with a copy of the "Student Drug Testing Consent Form", which
41 shall be read, signed and dated by the student, parent or custodial guardian before such student shall be
42 eligible to practice or participate in any activities. The consent requires the activity student to provide a
43 urine and/or saliva sample: (a) when the activity student is selected by the random selection basis to
44 provide a sample; and (b) at any time when there is reasonable suspicion to test for illegal drugs. No
45 activity student shall be allowed to practice or participate in any activities involving interscholastic
46 competition unless the student has returned the properly signed "Student Drug Testing Consent Form."
47

48 All Activity Students that are selected by the random selection basis for drug testing will be required to
49 provide a saliva or urine sample before the student may participate in an activity covered under this
50 policy.

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5 Drug use testing for Activity Students will be chosen on a random selection basis twice per quarter from a
6 list of all Activity Students who are involved in off-season or in-season activities. The Colstrip Public
7 School District will test a minimum of 10% of Activity Students names to be drawn at random to provide
8 a saliva or urine sample for drug use testing for illegal drugs.
9

10 In addition to the drug tests required above, any Activity Student may be required at any time to submit to
11 a test for illegal, or the metabolites thereof when an administrator, coach, or sponsor has reasonable
12 suspicion of illegal drug use by that particular student. All suspicions will be brought to the attention of
13 the Activities Director and Building Principal for consideration of this administrative action.
14

15 Any drug use test will be administered by or at the direction of a professional laboratory chosen by the
16 Colstrip Public School District. The professional laboratory shall be required to use scientifically
17 validated toxicological testing methods, have detailed written specifications to assure chain of custody of
18 the specimens, and proper laboratory control and scientific testing.
19

20 All aspects of the drug-use testing program, including the taking of urine specimens, will be conducted so
21 as to safeguard the personal and privacy rights of the student to the maximum degree possible. The test
22 specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. The District
23 may choose to collect urine or saliva samples.
24

25 An initial positive test result will be subject to confirmation by a second and different test of the same
26 specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen
27 shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry
28 procedure is positive for the presence of an illegal drug or the metabolites thereof. The laboratory shall
29 preserve the unused portion of a specimen that tested positive for a period of six (6) months or the end of
30 the school year; whichever is shorter. Student records will be retained until the end of the school year.
31

32 **III. Confidentiality**

33

34 The results of the test will be made available to the designated personnel. To keep the positive test results
35 confidential, the designated personnel will only notify the principal, activities director or designee, the
36 student, the head coach/sponsor, and the parent or custodial guardian of the student of the results. The
37 principal/activities director or designee will schedule a conference with the student and parent or guardian
38 and explain the student's opportunity to submit additional information to the principal/activities director
39 or to the lab. The Colstrip Public School District will rely on the opinion of the laboratory that performed
40 the test in determining whether the positive test result was produced by something other than
41 consumption of an illegal or performance-enhancing drug.
42

43 Test results will be kept in files separate from the student's other educational records, shall be disclosed
44 only to those school personnel who have a need to know, and will not be turned over to any law
45 enforcement authorities.
46

47 **IV. Appeal**

48

49 An Activity Student who has been determined by the principal/activities director to be in violation of this
50 policy shall have the right to appeal the decision to the Superintendent or his/her designee(s). Such

1 request for a review must be submitted to the Superintendent in writing within five (5) calendar days of
2 notice of the positive test. A student requesting a review will remain eligible to participate in any

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5
6 interscholastic activities until the review is completed. The Superintendent or his/her designee(s) shall
7 then determine whether the original finding was justified. No further review of the Superintendent's
8 decision will be provided and his/her decision shall be conclusive in all respects. Any necessary
9 interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of
10 the Superintendent, which shall be final and non-appealable.

11 **V. Consequences**

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14 Any Activity Student who tests positive in a drug test under this policy shall be subject to the following
15 restrictions:

16 *A. For the First Offense:*

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18
19 The parent/guardian will be contacted immediately and a private conference will be scheduled to present
20 the test results to the parent/guardian. A meeting will then be set up with the student, parent/guardian,
21 activities director, and principal concerning the positive drug test. In order to continue participation in the
22 activity the student and parent/guardian must, within five (5) days of the joint meeting, show proof that
23 the student has received drug counseling from a qualified drug treatment program or counseling entity.
24 Additionally, the student must voluntarily submit to a second drug test to be administered within two (2)
25 weeks in accordance with the testing provisions of this policy.

26
27 If parent/guardian and student agree to these provisions, the student will continue to participate in the
28 activity. Should the parent/student not agree to these provisions the consequences listed in this policy for
29 the second offense will be imposed.

30 *B. For the Second Offense:*

31
32
33 Suspension from participation in all activities covered under this policy for (14) calendar days, and
34 successful completion of four (4) hours of substance abuse education/counseling provided by the school.
35 If the parent/guardian chooses to provide this counseling through an outside certified counselor approved
36 by the school district, such counseling will be at parent expense. The parents must provide the school
37 with a report from the counselor within the allocated time. The student may not participate in any
38 meetings, practices, scrimmages or competitions during this period. The student will be randomly tested
39 monthly for the remainder of the school year. The time and date will be unknown to the student and
40 determined by the principal/activities director or designee.

41
42 These restrictions and requirements shall begin immediately, consecutive in nature, unless a review
43 appeal is filed following receipt of a positive test. Provided, however, a student who on his or her own
44 volition informs (self-refers) the activities director, principal, or coach/sponsor of usage before being
45 notified to submit to a drug use test will be allowed to remain active in all activities covered under this
46 policy. Such student will however, be considered to have committed his/her first offense under the policy,
47 and will be required to re-test as would a student who has tested positive.

48 *C. For the Third Offense (in the same school year):*

1 Complete suspension from participation in all interscholastic activities including all meetings, practices,
2 performances, and competition for the remainder of the school year, or ninety (90) school days (1
3 semester) whichever is the longer.

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VI. Refusal to Submit to Drug Use Test

9 A participating student, who refuses to submit to a drug test authorized under this policy, shall not be
10 eligible to participate in any activities covered under this policy including all meetings, practices,
11 performance and competitions for the remainder of the school year. Additionally, such student shall not
12 be considered for any interscholastic activity honors or awards given by the school.

* * * *

*Colstrip Public Schools is committed to cooperating with parents/guardians in an effort to help students
avoid illegal drug use. The Colstrip Public School District believes accountability is a powerful tool to
help some students avoid using drugs and that early detection and intervention can save lives.*

Policy History:

Adopted on: 8/11/2003

Reviewed on: 06/10/13, 03/07/2016, 04/11,2016, 11/6/17, 1/3/2018

Revised on: 3/8/2004, 5/11/2009, 04/11/2016