BC_____
SS_____
IM_____

Student Information Sheet

2024-2025

(Please print all information)

Student Information

Legal Name *(L-F-M):* _____

Physical Address: _____

City _____Zip Code _____

Mailing Address *(if different)*: _____

City _____Zip Code _____

Physical Home Phone: _____

Gender:_____ **Grade Level**: _____

Birth date:_____ **Age**: _____

Social Security #:_____

Race *(Circle One)* | African American | American Indian | Asian | Caucasian | Hispanic | Pacific Islander |

Legal Alerts:_____

_____

Student lives with: *(circle one)*
| Mother & Father | Mother & Stepfather | Father & Stepmother |
| Mother Only | Father Only | Foster Home | Other: _____

Student Medical Information

Doctor's Name: _____

Doctor's Phone:_____

Dentist's Name:_____

Dentist's Phone: _____

Special Medical Conditions
(ex. Hearing aid, glasses, medicines, etc):

_____

_____

Allergies: _____

_____

Brothers, names & ages:

_____

_____

Sisters, names & ages:

_____

_____

Male Legal Guardian Information

Name *(Last-First)*: _____

Physical Address *(If different from student):* _____

_____

Day Phone: _____

Employer:_____

Home Phone:_____

Email Address:_____

Female Legal Guardian Information

Name *(Last-First)*: _____

Physical Address: *(If different from student):*_____

_____

Day Phone: _____

Employer:_____

Home Phone:_____

Email Address:_____

Emergency Contact Information

(Other than Legal Guardians)

Contact 1

Contact Name :_____Address:_____

Phone:_____Circle one: | Cell | Home | Work | Relationship_____

Contact 2

Contact Name :_____Address:_____

Phone:_____Circle one: | Cell | Home | Work | Relationship_____

Contact 3

Contact Name :_____Address:_____

Phone:_____Circle one: | Cell | Home | Work | Relationship_____

Guardian's Signature:_____**Student T-Shirt size:**_____ **Date:**_____

USD 508 Baxter Springs Schools

Consent for Disclosure

Sharing Information with Other Programs

Dear Parent/Guardian:

You do not have to sign or send in this form to get reduced price or free Child Nutrition Program benefits for your children. If you do not sign the Consent for Disclosure, it will not affect eligibility for or participation in the Child Nutrition Programs.

To save you time and effort, information about your children's eligibility for reduced price or free Child Nutrition Program benefits may be shared with other programs for which your children may qualify. For the programs listed below, we must have your permission to share your information.

☒ **Yes**, I DO want school officials to share information about my children's eligibility for Child Nutrition Program benefits only with the programs I have checked below.

- ☒ Book Fee
- ☒ Technology Fee
- ☐ _____
- ☐ _____

If you checked yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call or e-mail:

School Official's Name: Misha Himes Phone: 620-856-2375 E-Mail: himesm@usd508.org

Return this form to the address below by _____.

Address: 1108 Military Ave. Baxter Springs, KS 66713

This institution is an equal opportunity provider.

Thank you for choosing Community Health Center of Southeast Kansas, Inc. (CHC/SEK) for your child's health care needs. CHC/SEK's school health clinic(s) is available for all students. By completing this form, you are helping CHC/SEK better take care of your child. If you have any questions call 620.240.5061. *Please complete this form in ink.*

PATIENT INFORMATION

Full Legal Name

Last Name:	First:	Middle:

Date of Birth_____ Male ❑ Female ❑ Social Security Number_____

Mailing Address_____ City _____

State & Zip _____ E-Mail Address_____ Phone Number_____

Do you want to access your medical records electronically? ☐ Yes ☐ No
(If yes, you will receive an email, at the email address listed above, from CHC/SEK with your log-in information and the log-in URL.)

Preferred method of communication for appointment reminders: ❑ Text ❑ Phone Call

School Name: _____

Patient Grade Level: _____ School Location (City, State): _____

Race:
❑American Indian/Alaskan
❑Asian
❑Native Hawaiian
❑Black or African American
❑White
❑Pacific Islander
❑Other Race

Ethnicity:
❑Hispanic/Latino
❑Not Hispanic/Latino

Preferred Language
❑English
❑Spanish
❑Other _____

If you are Homeless, are you:
❑On the Street
❑Doubling Up
❑In Transitional Housing
❑In a Shelter
❑Other

Other than CHC/SEK's school health clinic(s), who does the patient use for his/her medical care?
(Check all that apply) ❑CHC/SEK ❑Other:_____ ❑N/A

RESPONSIBLE CAREGIVER

Name_____
Date of Birth _____
Relationship to the Patient_____
Mailing Address _____
City, State, Zip _____
Phone Number _____

Name_____
Date of Birth _____
Relationship to the Patient_____
Mailing Address _____
City, State, Zip _____
Phone Number _____

(If Responsible Caregiver(s) is a foster parent or out-of-home placement, please provide appropriate paperwork illustrating placement and appropriate paperwork illustrating who maintains authority to make medical decisions on the patient's behalf).

Please Complete the Back of Form

Consent for Treatment and Insurance Billing

Please Read and Sign Below.

I give consent for treatment by Community Health Center of Southeast Kansas, Inc. (CHC/SEK) for medical, dental and/or mental health services. I understand that services are available, regardless of ability to pay and without discrimination. If I am consenting for a minor child, I understand that no treatment will be given without my knowledge or consent unless the treatment relates to an emergency or the treatment is otherwise permitted under applicable federal or state law.

- I understand that if I am consenting to treatment of my child, if a court order has been entered with respect to the conservatorship of said child, or impacting my rights to consent to the child's care and treatment, CHC/SEK will not render services to the child until CHC/SEK has received and reviewed the most recent court order.

- I understand that the information in my health record (if a mature minor) or my child's health record is confidential and will not be released to any unauthorized person or agency without consent.

- I assign to CHC/SEK any and all benefits payable from any insurance provider covering the patient or person responsible for the patient's care to be paid directly to CHC/SEK which will be applied to the charges for services rendered.

- I understand that vision and hearing screenings may be billed to my insurance carrier.

- I understand that CHC/SEK may disclose all or any part of the patient's medical record to any insurance company, corporation or person which is or may be liable under a contract or part of CHC/SEK's charges, including, but not limited to, medical services companies, insurance companies or pharmaceutical manufacturers.

- I authorize CHC/SEK to disclose all or any portion of my health record (if a mature minor) or my child's health record to my health care provider (if a mature minor) or my child's health care provider who is: _____.

- I authorize CHC/SEK to disclose all or any portion of my health record (if a mature minor) or my child's health record to school personnel as it relates to my child's academic success.

- I authorize CHC/SEK to examine my school records (if a mature minor) or my child's school records to assist staff in providing the necessary care for my child.

- If there are services you would like to opt out of, please list them here: _____.

With my signature, I certify that I understand the above and that I am authorized to sign for the patient.

_____
Signature of Patient, Agent, Representative, Parent, Legal Guardian or Responsible Party

_____ _____/_____/_____
Relationship to Patient Date (Month/Day/Year)

Printed Student Name: _____ Student Date of Birth: _____/_____/_____

Form Updated: 01/2021

EMERGENCY CONTRACT

In the event of an emergency, who should we contact? _____

Relationship to Patient: _____ Phone Number: _____

INSURANCE INFORMATION (Check all that apply)

❑KanCare (Aetna, Sunflower, United HealthCare)
❑ Kansas Farmworker Health Program
❑No Health Insurance (Staff are available to help determine if you are eligible for coverage)
❑Commercial Insurance
❑Medicare
❑ Other Medicaid

Primary Insurance	**Secondary Insurance**
Insurance Plan_____	Insurance Plan_____
Member ID Number _____	Member ID Number _____
Group Number _____	Group Number _____
Policy Holder Information:	**Policy Holder Information:**
Full Name _____	Full Name _____
Date of Birth _____	Date of Birth _____
Social Security Number _____	Social Security Number _____
Relationship to Patient _____	Relationship to Patient _____
Employer _____	Employer _____

Pharmacy: _____ _____
Name City & State

**Apothecare, located in CHC/SEK's Pittsburg, Fort Scott, Pleasanton, Iola, and Columbus clinics, is CHCSEK's preferred pharmacy.

Health Services

2024-2025 School Year Baxter Springs USD #508

Students Name DOB Grade

Yes	No	
		Attention Deficit Disorder (if YES circle) ADHD ADD Medication:
		Allergies (if YES, circle below and explain) Food Insect bites/Stings Pollen Animals Medication Will your child have an Epi-pen at school? YES NO
		Asthma Will your child have an inhaler at school? YES NO
		Diabetes Medication:
		Emotional Problems Medication &/or Counseling:
		Seizure Disorder Type of Seizure: Medication:
		Other Health Concerns Including Hospitalizations, Operations, or Medications Not Previously Mentioned:

Kansas State Law requires that each student must present to the school:

- An **up to date immunization record** or a religious exemption or medical exemption
- A **physical exam** performed by a licensed healthcare provider
- A copy of an **official state issued birth certificate**

All medications given at school must be provided by the parent and come in a properly labeled original container and **an authorization for medication form** must be filled out and signed by the prescribing provider/doctor.

I hereby certify that I have read and understand the school requirements for my child. Furthermore, permission is hereby granted to the attending team physician, athletic trainer, coach, school nurse, sponsor, and/or teacher to render any necessary first aid treatment to the child listed below. I understand that in an emergency, effort will be made to contact the Parent/Guardian or other contact persons listed. If such contact is not possible, the transportation and treatment necessary for the best interest of the student may be given.

I also authorize USD #508 schools to release, exchange, and obtain immunization and/or health in their possession, relating to the named student, to the Health Department, physician(s), school personnel working with the student, and/or Kansas Immunization Registry. I understand that this authorization will expire when the student is no longer enrolled in the above named school district and that I may revoke this authorization in writing at any time.

_____

Parent/Guardian signature Today's date

For Office Use Only HYG Initials_____ FR_____
Screening #s _____ EXT _____
P / F SEALANT(S) _____
SDF _____ ITR _____
Urgent _____ Teacher _____

EO:3_____14_____19_____30_____

2024-2025 DENTAL Consent Form

Community Health Center of Southeast Kansas will be providing dental treatment at your student's school this year. All children are invited to participate in the program, but the program has a special focus on those children not receiving services elsewhere. No child will be denied services based on insurance status or ability to pay**.** However, INSURANCE (if available) WILL BE BILLED.

School Name_____ **Grade: _____ Parent/Guardian Phone #**_____

Student's LEGAL Name_____ **DOB: _____Gender: _____ Age: _____**

Parent/Guardian Name_____ **Parent/Guardian DOB: _____**

Address_____**City**_____**State**_____**Zip**_____

Student's Race

- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian
- ☐ Pacific Islander
- ☐ Decline to Specify

Student's Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Student's Language ☐ **English** ☐ **Spanish** ☐ **Other** _____

DENTAL INSURANCE

Please complete the insurance section below. **We will bill your insurance for services provided.**

- ☐ KanCare (Aetna, United Health Care, Sunflower) #_____
- ☐ Medicaid (Oklahoma or Missouri) #_____
- ☐ No Insurance
- ☐ Commercial/ Private Insurance

Commercial Insurance Policy Holder Name _____DOB_____ SSN#_____

Insurance Company_____ Policy#_____ Group#_____

As parent or legal guardian of the student named above, I give Community Health Center of Southeast Kansas permission to provide dental services by CHC/SEK clinical professionals as is necessary in their judgement. I understand that no promise, guarantee, or warranty has been made regarding the result of any care provided by CHC/SEK.

This consent is valid for **one year** from the Parent/Guardian Signature date below.

Dental services **MAY** include the following**: Cleaning, Sealant, Fluoride, Silver Diamine Fluoride, Temporary Filling, Injection of Local Anesthesia, Baby Tooth Removal, and Exam *(exam for Head Start locations only).***

**If local anesthesia or the removal of a baby tooth is recommended, you will receive a phone call before continuing treatment.

****Please list any services you do **NOT** want your student to receive _____

Parent/Guardian Signature_____ **Date**_____

Kansas Bureau of Oral Health

Kansas Department of Health and Environment

PLEASE COMPLETE and SIGN SECOND PAGE

DENTAL HEALTH HISTORY FORM
PAGE 2 of 2

Student's First and Last Name_____ DOB_____

When did your student last visit a dentist?

- ○ In the past year
- ○ More than a year
- ○ Never

Why did your student visit the dentist?

- ○ Checkup
- ○ Cleaning
- ○ Pain
- ○ Filling
- ○ Tooth pulled
- ○ Other

Medical History: Please check all that apply

- ○ Heart Murmur
- ○ Artificial Joints/ Pins/Screws
- ○ Seizure Disorder
- ○ Asthma
- ○ Diabetes
- ○ Hepatitis
- ○ Heart Disease
- ○ Congenital Heart Disorder
- ○ Artificial Heart Valve
- ○ Other

Please list all DRUG, FOOD, and other ALLERGIES:

_____

Name of child's medical doctor_____

Is your student required by a physician to take a pre-medication (antibiotics) prior to dental treatment?
If yes, what condition_____

Does your student have special health care needs? If yes, please explain:

_____

Surgeries/ Hospitalizations / Other Medical Conditions:

_____

Please list all medications your student is currently taking:

_____

Please tell us anything you think we should know about your student's health of previous dental experiences that would help us treat or meet their needs_____

I confirm that the above health information is accurate to the best of my knowledge and I will contact the school as soon as possible if any changes occur.

Parent/ Guardian Signature_____Date_____

BAXTER SPRINGS SCHOOLS, USD 508

1520 Cleveland Avenue ♦ Baxter Springs, KS 66713 ♦ 620-856-2375 ♦ Fax: 620-856-3943

Lincoln Elementary
801 Lincoln Ave
620-856-3322

Central Elementary
1501 Park Ave
620-856-3311

Middle School
104 North Military
620-856-3355

High School
100 North Military
620-856-3366

STUDENT PERMISSION FORM

_____ _____ _____
Student's Name Grade DOB

The student listed above has permission to: **(Initial for consent)**

_____ take part in all school sponsored activities.

_____ allow USD 508 to use my child's name, picture, and/or classroom work on the district's web site, school publications, and to provide the same information to local newspapers and/or television stations.

_____ to participate in any reward programs (Weekly Homework Completion Drawings, AR Reading, etc.)

_____ I do give my permission for information contained on my student's permanent school immunization record to be released to the Kansas Immunization Program for the purpose of assessment and reporting. I also give my permission to share these immunization records with other schools, physicians, or health departments as deemed necessary for my child to be immunization compliant as per Kansas laws.

_____ _____
Parent/Guardian Signature Date

BAXTER SPRINGS USD #508

CUSTODY LAW NOTIFICATION

Custody disputes must be handled by the courts. By law, if parents are legally separated or divorced, each parent has equal rights to the custody of the children *UNLESS* one of them has a signed court order that indicates otherwise. The school has no legal right to refuse biological parent's access to their children and/or school records.

If a parent has a signed, ***current*** court order limiting the other parent, or any other person, the school *MUST HAVE A COPY* of the court order on file. If a copy is not on file, the school is required by law to release children to their parents with proper identification. Situations that put the welfare of students in question will be handled at the discretion of the Principal/designee. In situations that become a disruption to the school, the Baxter Police Department will be contacted, and an officer will be requested to intervene.

Parents are asked to make every attempt not to involve schools in custody matters. Please have current information on file for your children.

Student Name: _____

Parent/Guardian Signature: _____

Date: _____

BAXTER SPRINGS PUBLIC SCHOOLS
Enrollment Residency Questionnaire
For Homeless

This form is intended to address the McKinney-Vento Act. Your answers will help determine residency documents and certain needs for the student. Please fill out. If none of the choices in Section "A" apply then check the box in Section "B" and you do not have to provide any further information.

Presently, where is the *student* living? (Check one)

Section A	Section B
☐ In a shelter_____ Shelter Name ☐ *Temporarily* with more than one family (due to loss of job, loss of housing, etc.) ☐ In a motel, car, or campsite ☐ In a temporary foster care awaiting permanent placement ☐ Alone without parental support (independent living Student) **CONTINUE**: If you checked a box in this section, please *complete the rest of this form*.	☐ Choices in Section A do NOT apply. **STOP:** If you checked this section, you do *not* need to complete the remainder of this form.

Student Name_____ Date of Birth _____

School_____ Grade _____ Male ☐ Female ☐

Parent/Guardian(s)_____

Present Address _____

City _____ State ____ Zip _____ Phone _____

Last School Attended _____ City_____ State ____

THIS AREA FOR STAFF USE:

At time of enrollment, please check off documents that are presented: Date Enrolled:
__Address Verification __Birth Certificate __Immunization __Previous School Records

*****Please admit student immediately while documentation is being obtained*****

If **Section A** is checked:
Instructions for Office Staff – Make a copy of the completed form. Send it via interschool mail to the Homeless Education Coordinator. The homeless liaison will notify Nutrition Services regarding meal status. (Meal Application not needed – only the Waiver of Confidentiality needs to be filled out for these families.)

Baxter Springs USD 508
Student Extracurricular and/or Co-Curricular Activities
Drug/Alcohol Testing Policy

The Baxter Springs Board of Education, in a an effort to protect the health and safety of its students from illegal and/or performance-enhancing drug/alcohol use, possession, and/or distribution and abuse or injuries resulting from the use possession and/or distribution of drugs/alcohol, thereby setting an example for all other students of the Baxter Springs School District adopts the following policy for drug/alcohol testing of students participating/attending extracurricular and/or co-curricular activities.

1. **Statement of Purpose and Intent**

   a. It is the desire of the Board of Education, administration, and staff that every student in the Baxter Springs School District refrain from using, possessing, or distributing illegal drugs and alcohol. The actions of this policy relate solely to limiting the opportunity of any student in violation of this policy to participate/attending extracurricular and/or co-curricular activities. This policy is intended to supplement and complement all other policies, rules, and regulations of the Baxter Springs School District regarding use possession and/or distribution of illegal drugs and alcohol.

   b. Participating/attending school sponsored extracurricular and co-curricular activities at Baxter Springs School District is a privilege. Accordingly, students in extracurricular and co-curricular 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, possession, and/or distribution of illegal drugs and alcohol.

   c. The purpose of this policy is to prevent illegal drug use, possession, and/or distribution and to strive within the Baxter Springs School District for an environment free of illegal drug use possession and/or distribution and abuse. The sanctions of this policy relate to solely to limiting the opportunity of any student found to be in violation of this policy to participate/attend extracurricular and/or co-curricular activities. There will be no academic sanction for violation of this policy, except to the extent that if a violation of this policy would also constitute violation of the District's discipline policy. If the discipline drug/alcohol policy is violated, the student will be subject to the penalties of the discipline policy.

   d. The purpose of this policy is to prevent drug/alcohol use, possession, and/or distribution, educate students as to the serious

physical, mental, and emotional harm caused by drug use, possession, and/or distribution, alert students with possible drug problems to the potential harms of use possession and/or distribution, prevent injury, illness and harm as a result of drug use possession and/or distribution and to maintain in the school district an environment free of drug use, possession, and/or distribution and abuse. The Baxter Springs School District has adopted this policy for use by all students participating/attending extracurricular and co-curricular activities in grades 7-12.

2. Definitions

a. "Extracurricular activities" means those activities that take place outside the regular course of study in school and those students participating/attending those activities including all Baxter Springs School District sponsored activities, interscholastic sports teams, cheerleaders, and dance teams.

b. "Co-curricular activities" means those activities that students participate/attend outside of the classroom as a result of being enrolled in a school-offered class.

c. "Drug Use Test" means a scientifically substantiated method to test for the presence of illegal, performance-enhancing drug, alcohol, or the metabolites thereof in a person's urine or saliva.

d. "Illegal Drugs" means any substance which an individual may not sell, use, possess, distribute, or purchase under either Federal or Kansas Law. "Illegal Drugs" includes, but is not limited to, all scheduled drugs as defined by Kansas Law, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose as well as alcohol.

e. "Performance-Enhancing Drugs" includes 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.

f. "Positive" when referring to a drug 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. "Positive" when referring to an alcohol test administered under this policy means a breath analyzer test result that is considered to demonstrate the presence of alcohol.

g. "Reasonable Suspicion" means a suspicion based on specific personal observations concerning the appearance, speech, or behavior of a participating/attending student, 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 could also include unusual increases in size, strength, weight, or other athletic abilities.

3. Procedure

a. Each student that participates/attends extracurricular and/or co-curricular activities shall receive copies of the "Student Extracurricular and/or Co-curricular Activities Drug/Alcohol Testing Consent Form" which shall be read, signed, and dated by the student, parent and/or guardian. Students must turn in the "Student Extracurricular and/or Co-curricular Activities Testing Consent Form" to the school office during the first week of school before the student will be allowed to participate/attend any extracurricular and/or co-curricular activities. Any student who does not turn in the required forms during this first week of the school year will not be eligible to participate/attend any extra curricular and/or co-curricular activities during the remainder of the school year. Transfer students will be placed in the testing pool within one week of their enrollment date in Baxter High School.

b. Students will be required to provide urine and/or saliva samples as follows:

1) On a random selection basis, from a list of all students in the testing pool, 5-10 extracurricular and/or co-curricular participants/attendants will be drawn at random to provide a urine and/or saliva sample every one to fourteen days.
2) At any time requested by the administration, based on reasonable suspicion, be tested for illegal or performance-enhancing drugs and/or alcohol.

Panel Test

The Baxter Springs USD 508 School District will use a Panel Test for all students. The list of drugs tested includes:

Amphetamines (AMP)
MDMA (Ecstasy)
Barbiturates (BAR)
Benzodiazepines (Xanax)
Cocaine (COC)
Methadone (MDT)
Opiates (OPI)
Phencyclidine (PCP)
Propoxyphene (PPX)
*Marijuana (THC)
Validity Creatinine/SPGR

*All forms of Hemp oil, including but not limited to, CBD oil or any other over the counter substance that can be purchased legally, may result in a positive test. All positive tests regardless of source will be subject to the same consequences.

c. Any drug use test required by the Baxter USD 508 School District under the terms of the policy will be administrated by or at the direction of a professional laboratory chosen by the Baxter USD 508 School District, using scientifically validated toxicological methods. The professional laboratory shall be required to have detailed written specifications to assure chain of custody of the specimens, proper laboratory control, and scientific testing.

d. Students participating/attending school sponsored extracurricular activities may be randomly required to submit to an alcohol breath analyzer test to determine the presence of alcohol.

e. All aspects of the drug use, possession, and/or distribution-testing program, including the taking of specimens, will be conducted so as to safeguard the personal and privacy rights of students to the 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 behind a closed stall. The student will empty their pockets and remove their coat and other excess clothing prior to entering the restroom or other private facility. The principal shall designate a drug laboratory employee, a coach, or school employee of the same gender as the student to accompany the student to a restroom or other private facility. The monitor shall not observe the student while the specimen is being produced, but the monitor shall be present outside the stall to listen for the normal sounds of urination in order to guard against tampered specimens and to ensure an accurate chain of custody. The monitor shall verify the normal warmth and appearance of the specimen. If at any time that a student is tampering with the specimen, the monitor may

stop the procedure and inform the principal, who will then determine if a saliva sample should be obtained.

f. If the initial drug test is positive or the validity of the test is in question, the initial test result will then be subject to confirmation by a second and different test of the same specimen. In order to keep the results of the initial testing confidential, the school district may also choose a certain number of samples for a conformation test. A specimen shall not be reported positive unless the second is positive for the presence of an illegal drug or the metabolites thereof.

g. If the test for any student has a positive result, or the validity of the specimen is in question, the laboratory will contact the parents or guardians and solicit any information on medication that would create a positive test. A medical review officer will confirm the positive result and contact the principal/assistant principal with the results. Once a positive result is determined the student will become ineligible to participate/attend extracurricular and/or co-curricular activities. The principal/assistant principal will contact the athletic director, activities director, the student, the head coach/head sponsor, and the parent or guardian of the student and schedule a conference either by phone or in person. During the conference, the principal will solicit any explanation of the positive result.

h. If the student asserts that the positive test results are caused by something other than consumption of an illegal drug, performance-enhancing drug, or alcohol by the student, then the student will be given an opportunity to present evidence of such to the principal, assistant principal, and/or the athletic director. The Baxter USD 508 School District will rely on the opinion of the laboratory that performed the confirmation test in determining whether the positive test result was produced by other than consumption of an illegal drug, performance-enhancing drug, or alcohol. The principal, assistant principal and the athletic director, will make the decision within five working days.

i. This decision may be appealed in writing to the Baxter USD 508 School District's superintendent within five days. The superintendent will make a written decision within five working days.

j. The decision of the superintendent may be appealed in writing to the Baxter USD 508 Board of Education with five working days.

The Baxter USD 508 School District's rules and regulations will be followed in the case of an appeal.

k. A student that has tested positive for illegal drugs or performance-enhancing drugs will be required to undergo one or more additional drug use tests to confirm that the student is no longer using illegal drugs or performance-enhancing drugs before he/she may rejoin an activity. The Baxter USD 508 School District will rely on the opinion of the laboratory that performed or analyzed the additional drug use test in determining whether a positive result in the additional drug test was produced by illegal or performance-enhancing drugs used by the student that caused the first positive result or by more recent use. The cost of the retest will be the obligation of the student or the parent custodial guardian.

l. All parents or guardians of students who test negative for illegal drugs of performance-enhancing drugs in the initial screening will be contacted by personnel of the Baxter USD 508 School District within five working days after testing.

4. Violation

Any student who test positive in a drug/alcohol use test or found to be in possession and/or distribution under this policy shall be subject to the following restrictions:

a. For the first offense, the student shall be suspended from participating/attending all extracurricular and/or co-curricular activities including all performances and competitions, for eight weeks (56 days). During this time, it is required that the parent/ guardian obtain a substance abuse evaluation and education/ counseling for the student. Once the student and/or parent/ guardian can provide proof of completion of a school-approved substance abuse program, the student has served the full term of his/her suspension from participating/attending all extracurricular and/or co-curricular activities, and has submitted a negative drug test, the student will be reinstated.

b. For the second offense, the student shall be suspended from participating/attending all extracurricular and/or co-curricular activities including all performances, and competitions for thirty-six weeks (252 days) continuous and successive weeks from the date of the initial report of the second offense as stated in this policy. During this time, it is required that the parent/guardian obtain a substance abuse evaluation and education/counseling for the student. Once the student and/or parent/guardian can

provide proof of completion of a school-approved substance abuse program, the student has served the full term of his/her suspension from participating/attending all extracurricular and/or co-curricular activities, and has submitted a negative drug test, the student will be reinstated.

c. For the third offense, the student shall be suspended from participating/attending all extracurricular and/or co-curricular activities including all meetings, practices, performances, and competitions for the length of the students enrollment at Baxter Springs School District from the date of the initial report of the third offense as stated in this policy.

5. Refusal to Submit to Drug Use Test

a. If an extracurricular and/or co-curricular participant/attendant refuses to submit to a drug/alcohol use test authorized under this policy, such student shall be considered "positive" for drugs and subject to the appropriate suspension as stated in sections 4a, 4b, and 4c.

b. Any student who has a positive initial test and refuses to complete the required paperwork for a confirmation test will be treated as a refusal to submit to testing, and subject to provisions stated in 5a.

6. Disclaimer

This policy shall not supersede or be in conflict with any state and/or federal law.

Baxter Springs USD 508
Student Extracurricular and/or Co-Curricular Activities
Drug/Alcohol Testing Policy Consent Form

Policy Statement

The Baxter Springs Board of Education, in a an effort to protect the health and safety of its students from illegal and/or performance-enhancing drug/alcohol use, possession, and/or distribution and abuse or injuries resulting from the use, possession, and/or distribution of drugs/ alcohol, thereby setting an example for all other students of the Baxter Springs School District adopts the following policy for drug/alcohol testing of students participating/attending extracurricular and/or co-curricular activities.

General Authorization Form

I have read and fully understand Baxter Springs USD 508's "Student Extracurricular and/or Co-Curricular Activities Drug/Alcohol Testing Policy." This policy exists on the USD 508 website under District Information and will be made available at enrollment.

I understand fully that my safety and the safety of my teammates and classmates depends upon my conduct as an individual. I hereby agree to accept and abide by the standards, rules and regulations set forth by Baxter Springs USD 508 and the coaches and/or sponsors for the extracurricular and/ or co-curricular activities in which I participate/attend.

I also authorize Baxter Springs USD 508 to conduct a test on a urine and/or or saliva specimens and/or my breath that I provide to test for drugs and/or alcohol use. I also authorize the release of information concerning the results of such a test to Baxter Springs USD 508 and to my parent(s) and/or guardian(s).

_____ _____
Student Signature Parent/Guardian Signature

_____ _____
Printed Name Grade

_____ _____ _____
City State Zip

_____
Date

All students wanting to participate/attend extracurricular and/or co-curricular activities must sign the "The Student Extracurricular and/or Co-Curricular Activities Drug/Alcohol Testing Policy Consent Form" and return in to the high school or middle school office before participating/ attending any extracurricular and/or co-curricular activity.