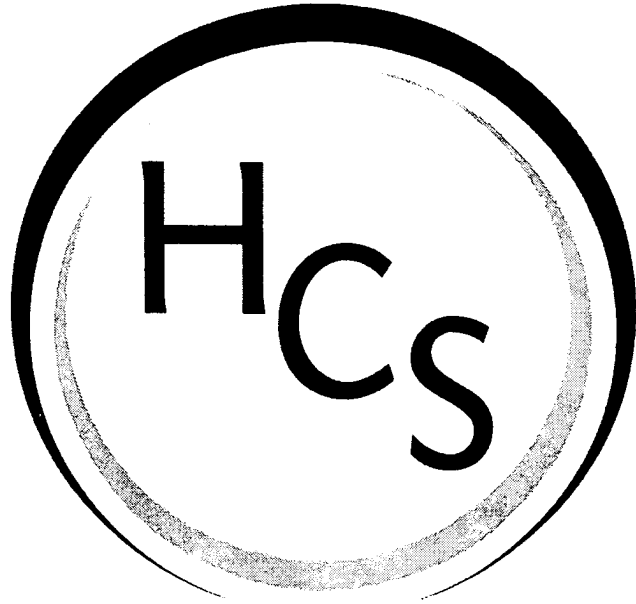


FOR ATHLETES, CHEERLEADERS AND
TEAM MANAGERS WHO PARTICIPATE
AT THE HIGH SCHOOL LEVEL



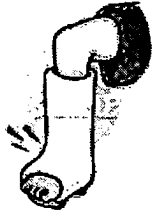
HARDIN COUNTY SCHOOLS

HELPING CHILDREN SUCCEED

NORTH HARDIN HIGH SCHOOL

North Hardin High School Athletic Packet Table of Contents

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North Hardin High School Athletics Student's Insurance Information

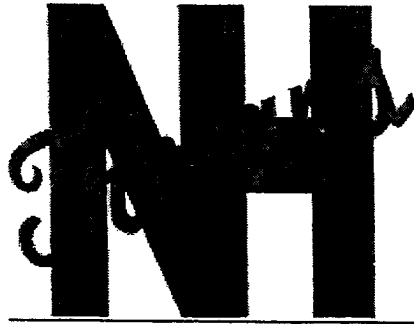
It is mandatory that each student participating in high school athletics have insurance that would cover any costs incurred through injury, accident or other event. If a student is not currently covered by a family insurance policy, this coverage must be purchased before the student can participate in any extracurricular activity.

If the status of your insurance coverage changes during the school year, you must notify the school and athletic department of these changes. Please help us to keep the information for your child as updated and accurate as possible.

Insurance provider: _____

Name of policy holder: _____

Policy Number: _____



North Hardin High School
801 South Logsdon Parkway, Radcliff, KY 40160
(270) 351-3167

STUDENT-ATHLETE SOCIAL MEDIA POLICY

North Hardin High School student-athletes are representatives of the high school and community. The administration requires student-athletes to exercise good judgment in their use of social media websites, and to conduct these activities in a responsible and respectful manner.

- It is not permissible for student-athletes to post information, photos, or other representations of sexual content, inappropriate behavior (e.g., drug or alcohol use), or items that could be interpreted as demeaning or inflammatory.
- Student-athletes are required to abide by all team policies, school policies, and KHSAA rules when utilizing social media websites.
- It is not permissible to comment on injuries, officiating, coaching decisions or team matters that could reasonably be expected to be confidential to team members.
- Student-athletes are required to follow all respective social media website rules.

Best Practices and Reminders

- Think twice before posting. If you wouldn't want your coach, parents, or future employer to see your post, don't post it.
- Be respectful and positive.
- Remember, many different audiences view your posts including fans, children, local authorities, parents, faculty, etc.
- The internet is permanent. Even if you delete something, it's still out there somewhere. Coaches and administrators monitor social media websites. Potential employers use these social media websites to screen candidates. Use the privacy/security settings made available on these sites.

Violation of the Student-Athlete Social Media Policy may result in disciplinary action-- including temporary or permanent suspension from the team--as determined by administration and head coach. By signing below, the athlete and parent agree to abide by these rules.

Athlete Signature

Parent Signature

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM



(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

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

| GENERAL QUESTIONS | Yes | No |
|--|-----|----|
| 1. Has a doctor ever denied or restricted your participation in sports for any reason? | | |
| 2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____ | | |
| 3. Have you ever spent the night in the hospital? | | |
| 4. Have you ever had surgery? | | |
| HEART HEALTH QUESTIONS ABOUT YOU | Yes | No |
| 5. Have you ever passed out or nearly passed out DURING or AFTER exercise? | | |
| 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? | | |
| 7. Does your heart ever race or skip beats (irregular beats) during exercise? | | |
| 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____ | | |
| 9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram) | | |
| 10. Do you get lightheaded or feel more short of breath than expected during exercise? | | |
| 11. Have you ever had an unexplained seizure? | | |
| 12. Do you get more tired or short of breath more quickly than your friends during exercise? | | |
| HEART HEALTH QUESTIONS ABOUT YOUR FAMILY | Yes | No |
| 13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? | | |
| 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? | | |
| 15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator? | | |
| 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? | | |
| BONE AND JOINT QUESTIONS | Yes | No |
| 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? | | |
| 18. Have you ever had any broken or fractured bones or dislocated joints? | | |
| 19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches? | | |
| 20. Have you ever had a stress fracture? | | |
| 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) | | |
| 22. Do you regularly use a brace, orthotics, or other assistive device? | | |
| 23. Do you have a bone, muscle, or joint injury that bothers you? | | |
| 24. Do any of your joints become painful, swollen, feel warm, or look red? | | |
| 25. Do you have any history of juvenile arthritis or connective tissue disease? | | |

| MEDICAL QUESTIONS | Yes | No |
|---|-----|----|
| 26. Do you cough, wheeze, or have difficulty breathing during or after exercise? | | |
| 27. Have you ever used an inhaler or taken asthma medicine? | | |
| 28. Is there anyone in your family who has asthma? | | |
| 29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ? | | |
| 30. Do you have groin pain or a painful bulge or hernia in the groin area? | | |
| 31. Have you had infectious mononucleosis (mono) within the last month? | | |
| 32. Do you have any rashes, pressure sores, or other skin problems? | | |
| 33. Have you had a herpes or MRSA skin infection? | | |
| 34. Have you ever had a head injury or concussion? | | |
| 35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems? | | |
| 36. Do you have a history of seizure disorder? | | |
| 37. Do you have headaches with exercise? | | |
| 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | | |
| 39. Have you ever been unable to move your arms or legs after being hit or falling? | | |
| 40. Have you ever become ill while exercising in the heat? | | |
| 41. Do you get frequent muscle cramps when exercising? | | |
| 42. Do you or someone in your family have sickle cell trait or disease? | | |
| 43. Have you had any problems with your eyes or vision? | | |
| 44. Have you had any eye injuries? | | |
| 45. Do you wear glasses or contact lenses? | | |
| 46. Do you wear protective eyewear, such as goggles or a face shield? | | |
| 47. Do you worry about your weight? | | |
| 48. Are you trying to or has anyone recommended that you gain or lose weight? | | |
| 49. Are you on a special diet or do you avoid certain types of foods? | | |
| 50. Have you ever had an eating disorder? | | |
| 51. Do you have any concerns that you would like to discuss with a doctor? | | |
| FEMALES ONLY | | |
| 52. Have you ever had a menstrual period? | | |
| 53. How old were you when you had your first menstrual period? | | |
| 54. How many periods have you had in the last 12 months? | | |

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

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PREPARTICIPATION PHYSICAL EVALUATION PHYSICAL EXAMINATION FORM



Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5-14).

| EXAMINATION | | | |
|---|--------|---|---|
| Height | Weight | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| BP / (/) | Pulse | Vision R 20/ | L 20/ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N |
| MEDICAL | NORMAL | ABNORMAL FINDINGS | |
| Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) | | | |
| Eyes/ears/nose/throat • Pupils equal • Hearing | | | |
| Lymph nodes | | | |
| Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI) | | | |
| Pulses • Simultaneous femoral and radial pulses | | | |
| Lungs | | | |
| Abdomen | | | |
| Genitourinary (males only) ^b | | | |
| Skin • HSV, lesions suggestive of MRSA, tinea corporis | | | |
| Neurologic ^c | | | |
| MUSCULOSKELETAL | | | |
| Neck | | | |
| Back | | | |
| Shoulder/arm | | | |
| Elbow/forearm | | | |
| Wrist/hand/fingers | | | |
| Hip/thigh | | | |
| Knee | | | |
| Leg/ankle | | | |
| Foot/toes | | | |
| Functional • Duck-walk, single leg hop | | | |

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

5



**Athletic Participation Form
Parental and Student Consent and Release
For High School Level (grades 9-12) participation**

KHSAA Form GE04
High School
Parental Permission and Consent
Rev. 4/15, page 1 of 2
© KHSAA, 2015

The student and parents/guardian must read this statement carefully and sign where required. By signing this form, all parties agree that they have accurately completed all sections of the form and have read and agree to the terms of this form as detailed. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.

**ATHLETE INFORMATION
(This part must be completed by the student and family)**

Name (Last, First, Initial) _____ School Year _____
 Home Address (Street, City, State, Zip): _____
 Gender _____ Grade _____ School _____
 Date of Birth: _____ Birth Place (County, State): _____
 School Attendance History

| Grade | School Name | School Year | Varsity Play – |
|-------|-------------|-------------|----------------|
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

I am planning to participate in the following (check all you might try to play):

- | | | | | | |
|-----------------------------------|---------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Football | <input type="checkbox"/> Golf | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis | <input type="checkbox"/> Track and Field | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Bowling | <input type="checkbox"/> Competitive Cheer | <input type="checkbox"/> Other(s) _____ | |

EMERGENCY CONTACT INFORMATION

 Name (please print) _____ Relation to Student _____

 Emergency Contact Address, including City, State and Zip _____

 Daytime Phone _____ Cell Phone _____

REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 12)

Prior to participation in practice or contests (including trying for a place on a team) in any sport or sport activity during the limitation of seasons as defined in Bylaw 23, all students are required to have medical insurance with coverage limits of at least \$25,000. If this coverage is provided through the school, contact the Principal or Athletic Director regarding any potential claim. Individual schools and districts may impose additional requirements for insurance or coverage during additional periods for activities outside of Bylaw 23.

Insurance Carrier _____ Policy Number / ID Number _____ Group Number _____ Plan _____

EMERGENCY TREATMENT INFORMATION

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

 Social Security Number _____ Birth Date _____

**CONSENT INFORMATION TO PARTICIPATE, ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY
RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

As parent/legal guardian, I agree to allow my child to participate in interscholastic athletics.

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The student and parent/legal guardian recognize that participation in interscholastic athletics involves some inherent risks for potentially severe injuries, including but not limited to death, serious neck, head and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of the body, or effects to the general health and well being of the child. Because of these inherent risks, the student and parent/legal guardian recognize the importance of the student obeying the coaches' instructions regarding playing techniques, training and other team rules. By signing this form, the student and parent/legal guardian acknowledge that the student's participation is wholly voluntary and to having read and understood this provision.

The student and parent/legal guardian individually and on behalf of the student, hereby irrevocably, and unconditionally release, acquit, and forever discharge the KHSAA and its officers, agents, attorneys, representatives and employees (collectively, the "Releasees") from any and all losses, claims, demands, actions and causes of action, obligations, damages, and costs or expenses of any nature (including attorney's fees) that the student and/or parent/legal guardian incur or sustain to person, property or both, which arise out of, result from, occur during or are otherwise connected with the student's participation in interscholastic athletics if due to the ordinary negligence of the Releasees.

The student and parent/legal guardian acknowledge that they have read and understood the KHSAA Bylaws by distribution at <http://khsaa.org/handbook/>. Please be aware that a student is subject to the one-year period of ineligibility the bylaw commonly referred to as the "Transfer Rule," upon participation in any varsity contest regardless of the amount of participation or lack thereof.

The student and parent/legal guardian agree to abide by the KHSAA Bylaws and Due Process Procedure as now enacted or later amended. The student and parent/legal guardian further acknowledge that they agree to abide by the rulings of the Commissioner, Assistant Commissioner, Hearing Officer and Board of Control.

The student and parent/legal guardian acknowledge that the student must have medical insurance coverage up to a limit of \$25,000 in order to be eligible to participate in interscholastic athletics.

The student and parent/legal guardian, individually and on behalf of this student, give the high school, the KHSAA and their representatives permission to release this student's demographic information (including motion picture and still photographic images) and participation statistics (including height, weight and year in school, participation history and other performance based statistics) and other information as may be requested, and agree that the student may be photographed or otherwise digitally or electronically captured during school-based competition. All of this material may be used without permission or compensation specifically related to the KHSAA and its events.

The student and parent/legal guardian consent to this student receiving a physical examination as required by the KHSAA.

The student and parent/legal guardian, individually and on behalf of this student, consent to the high school and the KHSAA and their representatives to use and disclose the necessary personally identifiable information from the student's education records including academic, financial and health care information, to third parties including school representatives, coaches, athletic trainers, medical facilities, medical staffs, KHSAA legal counsel and the media, for the purpose of receiving proper/necessary medical care and complying with the KHSAA bylaws, including making determinations regarding eligibility to participate in interscholastic athletics and any administrative or legal proceedings resulting from participation or attempted participation in interscholastic athletics, without such disclosure constituting a violation of rights under the Family Educational Rights and Privacy Act. The student and parent/legal guardian, individually and on behalf of this student, further release the high school, the KHSAA and their representatives from any and all claims arising out of the use and disclosure of said necessary personally identifiable information, and agree to release to the high school, the KHSAA, and their representatives, upon request, the detailed and completed application for financial aid.

The student and parent/legal guardian, individually and on behalf of the student, hereby acknowledge that they are aware of and will review if desired, the education materials available through the KHSAA, the Centers for Disease Control and other agencies regarding education all individuals with respect to nature and risk of concussion and head injury, including the continuance of play after concussion or head injury.

The student and parent/legal guardian, individually and on behalf of the student, hereby consent to allow the student to receive medical treatment that may be deemed advisable by the high school, the KHSAA, and their representatives in the event of injury, accident or illness while participating in interscholastic athletics, including, but not limited to, transportation of the student to a medical facility.

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND
CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

Students' Name (please print) School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print) Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student Date

7

DRUG SAFETY POLICY FOR ATHLETES, CHEERLEADERS AND TEAM MANAGERS WHO PARTICIPATE AT THE HIGH SCHOOL LEVEL

STATEMENT OF PURPOSE

Today, drug abuse has grown to major proportions in our society. The high school setting is not exempt from this phenomenon. It is vital that educators and parents continually explore ways to institute programs that encourage a drug-free lifestyle for students/children. It is to that end that this program is created to provide the appropriate action plan to address and nurture a drug-free environment.

ENDORSEMENT

The Hardin County Board of Education (HCBE) approved the implementation of this policy on June 17, 1999 and re-approved November 17, 2009.

WHO WILL BE AFFECTED?

All students who choose to participate on any Hardin County high school athletic team, cheerleading squad or serve as a team manager, each of which is a voluntary extracurricular activity, must abide by this policy. This includes players at the varsity or subvarsity level.

EDUCATION

At least once each semester, each Head Coach will review this policy with his/her respective team.

TESTING PROGRAM

In order to accomplish the purpose of this policy, each student participant on each high school team shall be required to participate in a program of substance abuse testing. Testing shall be accomplished by the analysis of urine specimens obtained from the student participants. Collection and testing procedures shall be established, maintained and administered to ensure (a) randomness of selection procedures, (b) proper student identification, (c) that each specimen is identified with the appropriate student participant, (d) maintenance of the unadulterated integrity of the specimen, and (e) the integrity of the collection and test process as well as the confidentiality of test results.

SUBSTANCES TESTED

Student participants' urine specimens shall be tested for the following:

- (a) amphetamines, (b) marijuana (THC), (c) cocaine and its derivatives, (d) opiates, (e) phencyclidine (PCP), (f) benzodiazepine, (g) barbiturates, (h) methadone, (i) propoxyphene, and (j) such other abused, illegal, or banned substances.

SANCTIONS/VIOLATIONS

First Violation – If a sample tests positive, the athlete and his parents or guardians shall be notified, and the school principal shall convene a meeting with the student and his parents or guardians, at which time the student has one of the following options: (1) At the expense of the parents/guardians, the parents/guardians shall seek an evaluation of the student's drug use from a qualified chemical dependency counselor acceptable to the district. At the expense of the Hardin County Board of Education, drug testing will be conducted every sixty (60) days thereafter as long as the student is a member of a sports team, cheerleading squad or serves as a team manager for the current school year. The student is also automatically suspended for ten (10) days from participating in any athletic event; however, the student may be allowed to practice. (2) If a student who tests positive fails to abide by Option 1 then the violator will suffer suspension from all athletics, including practices, for the remainder of the current season and the next athletic season for all sports (sports teams, cheerleading squads or team managers).

Second Violation – A subsequent offense results in automatic imposition of suspension from all athletics (including practices) for all sports for a twelve (12) month period.

Third Violation – The student participant shall be excluded from participation in any athletic team for the remainder of the student's interscholastic eligibility.

The testing program shall be conducted as follows:

1. Prior to attending tryouts for an athletic team, the student participant and a parent or legal guardian of the student participant must read this policy and must **ACKNOWLEDGE, IN WRITING, THAT THEY HAVE READ THE POLICY AND PROCEDURES, UNDERSTAND THE CONDITIONS CONTAINED IN THE POLICY AND PROCEDURES.** The student participant and a parent must also sign the "Student and Parent/Guardian Consent to Perform Urinalysis for Drug Testing" form **BEFORE THE STUDENT WILL BE PERMITTED TO TRY OUT FOR ANY ATHLETIC TEAM.**
2. Testing shall be done at the following times:
 - a. Twenty-five percent (25%) of the student participants shall be tested within four (4) weeks following selection of the athletic team. Any student that signs to participate, but refuse to abide by this policy, will be

subject to 3rd violation offense and be excluded from participation on any athletic team for the remainder of the student's interscholastic eligibility.

- b. All student participants shall be subject to random testing at any time between the student's selection to the athletic team and the date of the last game of the season for the athletic team. Scheduled times for random tests shall be selected by the Principal/Designee of each athletic team. Random tests must be conducted no fewer than two (2) times during the team season.
3. During each random test, no fewer than ten percent (10%) of the student participants in the athletic team, cheerleading squad or team managers shall be tested.
4. The agency, as approved by the HCBE, shall determine which student participants are to be tested by a random drawing of names from among all student participants on the athletic team.
5. The collection of urine specimens and the scientific analysis of the collected specimens shall be conducted by the agency as determined by the HCBE.
6. Collection procedures for urine specimens shall be developed, maintained and administered by the agency in an effort to minimize any intrusion or embarrassment for each student, ensure the proper identification of students and the student's specimen, minimize the likelihood of the adulteration of a urine specimen and maintain complete confidentiality of test results. To that end, the procedures must require:
 - a. the presence of the principal or designee immediately prior to the collection process to ensure proper student identification;
 - b. The presence of one or more representatives of the agency when the specimen is taken;
 - c. The agency shall provide each student present for the collection process a receptacle for the collection of urine. The student shall be permitted absolute privacy during the collection process;
 - d. Immediately prior to entering the private bathroom facility utilized for the collection process, the student shall be required to leave all personal belongings (including jackets, purses, book bags, pocket contents, etc.) in the custody of the high school representatives present for student identification; and
 - e. Prior to entering the private bathroom facility utilized for the collection process, the testing laboratory shall treat the water in the private bathroom

facility with a coloring substance (frequently referred to by testing laboratories as "blueing the water") to prevent a student from attempting to dilute or otherwise adulterating the urine specimen.

7. The collection of urine specimens for the initial test and the random testing shall be conducted on school premises.
8. All scientific analyses of the collected specimens shall be conducted by the professional testing laboratory. Each specimen shall initially be tested by the testing laboratory using a highly accurate immunoassay technique ("EMIT"). Initial positive results must be confirmed by gas chromatography/mass spectrometry ("GC/MS"). If the initial presumptive positive result is not confirmed by the GC/MS technique, the test shall be deemed to be negative. Only after the GC/MS confirmation shall a test result be reported as positive.
9. A portion of each positive urine specimen given by each student participant shall be preserved by the testing laboratory for a minimum of six (6) months.
10. Written confirmation of all test results shall be forwarded by the testing laboratory to the Title IV Coordinator who shall provide positive results to the principal. The principal will notify all the athletic coaches of teams for which the student participates or tries out. The student's parent(s) or legal guardian(s) will also be notified. All test results are confidential and shall be maintained in the Title IV Coordinator's office under the strictest security.

AMENDMENT OF POLICY

This policy may be amended at any time by the Hardin County Board of Education.

All student athletic participants and at least one parent or legal guardian are to sign the following:

THE UNDERSIGNED STUDENT ATHLETE, CHEERLEADER OR TEAM MANAGER AND THE STUDENT'S PARENT OR LEGAL GUARDIAN HEREBY ACKNOWLEDGE THAT THEY HAVE READ AND UNDERSTAND THE FOREGOING POLICY AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED IN THE POLICY. THE UNDERSIGNED HEREBY PERMIT THE AGENCY AS DETERMINED BY THE HCBE TO PERFORM DRUG TESTING OF THE STUDENT'S URINE AND TO RELEASE THE RESULTS TO THE TITLE IV COORDINATOR. POSITIVE RESULTS WILL BE RELEASED TO THE PRINCIPAL AND TO ALL ATHLETIC COACHES OF TEAMS FOR WHICH THE STUDENT PARTICIPATES OR TRIES OUT. THE STUDENT'S PARENT(S) OR LEGAL GUARDIAN(S) WILL ALSO BE NOTIFIED

Print student name

School

Student signature

Grade

Social Security Number

Date signed

Print parent or guardian name

Parent or guardian signature

Date signed