

**SHAMOKIN AREA SCHOOL DISTRICT  
NOTIFICATION OF STUDENT DRUG TESTING**

Please provide the following information: *(Please check one)*

- ☐ My son/daughter **WILL** be participating in athletics, clubs, activities, or requesting a parking permit during the \_\_\_\_\_ school year. I understand he/she is required to participate in the District's drug testing program in order to join any extracurricular/co-curricular activities or use the student parking area. I give my permission for participation and agree to all the conditions.
- ☐ My son/daughter **WILL NOT** be participating in any athletics, clubs, activities, or requesting a parking permit during the \_\_\_\_\_ school year. I understand I can register him/her as a voluntary participant. I wish to have his/her name added to the participant list and I give my permission for participation.
- ☐ My son/daughter **WILL NOT** be participating in any activities, athletics, or clubs, etc. and I do not want him/her to participate as a voluntary participant. (A student changing his/her decision to participate after the established deadline will be required to take a mandatory drug test before participating in any activities, etc.)

Please return the completed form by the established deadline.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Extracurricular Activity (or "Student Parking")

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Current Grade

## SHAMOKIN AREA SCHOOL DISTRICT ATHLETIC RULES & INSURANCE FORM

The athlete's parent/guardian and student athlete must acknowledge receipt of these procedures in order for him/her to participate in their respective school sport.

Acknowledgement by athlete's parent or guardian:

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

Acknowledgement by athlete:

\_\_\_\_\_  
PLEASE PRINT NAME:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
STUDENT SIGNATURE



**PIAA COMPREHENSIVE INITIAL  
PRE-PARTICIPATION PHYSICAL EVALUATION**



**INITIAL EVALUATION:** Prior to any student participating in Practices, Inter-School Practices, Scrimmages, and/or Contests, at any PIAA member school in any school year, the student is required to (1) complete a Comprehensive Initial Pre-Participation Physical Evaluation (CIPPE); and (2) have the appropriate person(s) complete the first six Sections of the CIPPE Form. Upon completion of Sections 1 and 2 by the parent/guardian; Sections 3, 4, and 5 by the student and parent/guardian; and Section 6 by an Authorized Medical Examiner (AME), those Sections must be turned in to the Principal, or the Principal's designee, of the student's school for retention by the school. The CIPPE may **NOT** be authorized earlier than May 1<sup>st</sup> and shall be effective, regardless of when performed during a school year, until the latter of the next April 30<sup>th</sup> or the conclusion of the spring sports season.

**SUBSEQUENT SPORT(S) IN THE SAME SCHOOL YEAR:** Following completion of a CIPPE, the same student seeking to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in subsequent sport(s) in the same school year, must complete Section 7 of this form and must turn in that Section to the Principal, or Principal's designee, of his or her school. The Principal, or the Principal's designee, will then determine whether Section 8 need be completed.

**SECTION 1: PERSONAL AND EMERGENCY INFORMATION**

**PERSONAL INFORMATION**

Student's Name \_\_\_\_\_ Male/Female (circle one)

Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Age on Last Birthday: \_\_\_\_ Grade \_\_\_\_ for 20\_\_\_\_ - 20\_\_\_\_  
School Year

Current Physical Address \_\_\_\_\_

Current Home Phone # ( ) \_\_\_\_\_ Parent/Guardian Current Cellular Phone # ( ) \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

Fall Sport(s): \_\_\_\_\_ Winter Sport(s): \_\_\_\_\_ Spring Sport(s): \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent's/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Secondary Emergency Contact Person's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Emergency Contact Telephone # ( ) \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Family Physician's Name \_\_\_\_\_, MD or DO (circle one)

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Student's Allergies \_\_\_\_\_

Student's Health Condition(s) of Which an Emergency Physician or Other Medical Personnel Should be Aware \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student's Prescription Medications and conditions of which they are being prescribed \_\_\_\_\_

\_\_\_\_\_

## SECTION 2: CERTIFICATION OF PARENT/GUARDIAN

**The student's parent/guardian must complete all parts of this form.**

**A.** I hereby give my consent for \_\_\_\_\_ born on \_\_\_\_\_ who turned \_\_\_\_\_ on his/her last birthday, a student of \_\_\_\_\_ School and a resident of the \_\_\_\_\_ public school district, to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests during the 20\_\_\_\_ - 20\_\_\_\_ school year in the sport(s) as indicated by my signature(s) following the name of the said sport(s) approved below.

Fall Sports	Signature of Parent or Guardian
Cross Country	
Field Hockey	
Football	
Golf	
Soccer	
Girls' Tennis	
Girls' Volleyball	
Water Polo	
Other	

Winter Sports	Signature of Parent or Guardian
Basketball	
Bowling	
Competitive Spirit Squad	
Girls' Gymnastics	
Rifle	
Swimming and Diving	
Track & Field (Indoor)	
Wrestling	
Other	

Spring Sports	Signature of Parent or Guardian
Baseball	
Boys' Lacrosse	
Girls' Lacrosse	
Softball	
Boys' Tennis	
Track & Field (Outdoor)	
Boys' Volleyball	
Other	

**B. Understanding of eligibility rules:** I hereby acknowledge that I am familiar with the requirements of PIAA concerning the eligibility of students at PIAA member schools to participate in Inter-School Practices, Scrimmages, and/or Contests involving PIAA member schools. Such requirements, which are posted on the PIAA Web site at [www.piaa.org](http://www.piaa.org), include, but are not necessarily limited to age, amateur status, school attendance, health, transfer from one school to another, season and out-of-season rules and regulations, semesters of attendance, seasons of sports participation, and academic performance.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**C. Disclosure of records needed to determine eligibility:** I hereby consent to the release to PIAA of any and all portions of school record files, beginning with the seventh grade, of the herein named student specifically including, without limiting the generality of the foregoing, birth and age records, name and residence address of parent(s) or guardian(s), residence address of the student, health records, academic work completed, grades received, and attendance data.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. Permission to use name, likeness, and athletic information:** I consent to PIAA's use of the herein named student's name, likeness, and athletically related information in video broadcasts and re-broadcasts, webcasts and reports of Inter-School Practices, Scrimmages, and/or Contests, promotional literature of the Association, and other materials and releases related to interscholastic athletics.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**E. Permission to administer emergency medical care:** I consent for an emergency medical care provider to administer any emergency medical care deemed advisable to the welfare of the herein named student while the student is practicing for or participating in Inter-School Practices, Scrimmages, and/or Contests. Further, this authorization permits, if reasonable efforts to contact me have been unsuccessful, physicians to hospitalize, secure appropriate consultation, to order injections, anesthesia (local, general, or both) or surgery for the herein named student. I hereby agree to pay for physicians' and/or surgeons' fees, hospital charges, and related expenses for such emergency medical care. I further give permission to the school's athletic administration, coaches and medical staff to consult with the Authorized Medical Professional who executes Section 7 regarding a medical condition or injury to the herein named student.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**F. Confidentiality:** The information on this CIPPE shall be treated as confidential by school personnel. It may be used by the school's athletic administration, coaches and medical staff to determine athletic eligibility, to identify medical conditions and injuries, and to promote safety and injury prevention. In the event of an emergency, the information contained in this CIPPE may be shared with emergency medical personnel. Information about an injury or medical condition will not be shared with the public or media without written consent of the parent(s) or guardian(s).

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 3: UNDERSTANDING OF RISK OF CONCUSSION AND TRAUMATIC BRAIN INJURY

#### What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head or body.
- Can change the way a student's brain normally works.
- Can occur during Practices and/or Contests in any sport.
- Can happen even if a student has not lost consciousness.
- Can be serious even if a student has just been "dinged" or "had their bell rung."

All concussions are serious. A concussion can affect a student's ability to do schoolwork and other activities (such as playing video games, working on a computer, studying, driving, or exercising). Most students with a concussion get better, but it is important to give the concussed student's brain time to heal.

#### What are the symptoms of a concussion?

Concussions cannot be seen; however, in a potentially concussed student, **one or more** of the symptoms listed below may become apparent and/or that the student "doesn't feel right" soon after, a few days after, or even weeks after the injury.

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Difficulty paying attention
- Memory problems
- Confusion

#### What should students do if they believe that they or someone else may have a concussion?

- **Students feeling any of the symptoms set forth above should immediately tell their Coach and their parents.** Also, if they notice any teammate evidencing such symptoms, they should immediately tell their Coach.
- **The student should be evaluated.** A licensed physician of medicine or osteopathic medicine (MD or DO), sufficiently familiar with current concussion management, should examine the student, determine whether the student has a concussion, and determine when the student is cleared to return to participate in interscholastic athletics.
- **Concussed students should give themselves time to get better.** If a student has sustained a concussion, the student's brain needs time to heal. While a concussed student's brain is still healing, that student is much more likely to have another concussion. Repeat concussions can increase the time it takes for an already concussed student to recover and may cause more damage to that student's brain. Such damage can have long term consequences. It is important that a concussed student rest and not return to play until the student receives permission from an MD or DO, sufficiently familiar with current concussion management, that the student is symptom-free.

**How can students prevent a concussion?** Every sport is different, but there are steps students can take to protect themselves.

- Use the proper sports equipment, including personal protective equipment. For equipment to properly protect a student, it must be:
  - The right equipment for the sport, position, or activity;
  - Worn correctly and the correct size and fit; and
  - Used every time the student Practices and/or competes.
- Follow the Coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

**If a student believes they may have a concussion:** Don't hide it. Report it. Take time to recover.

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby acknowledge that I am familiar with the nature and risk of concussion and traumatic brain injury while participating in interscholastic athletics, including the risks associated with continuing to compete after a concussion or traumatic brain injury.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### SECTION 4: UNDERSTANDING OF SUDDEN CARDIAC ARREST SYMPTOMS AND WARNING SIGNS

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) occurs when the heart suddenly and unexpectedly stops beating. When this happens blood stops flowing to the brain and other vital organs. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

There are about 350,000 cardiac arrests that occur outside of hospitals each year. More than 10,000 individuals under the age of 25 die of SCA each year. SCA is the number one killer of student athletes and the leading cause of death on school campuses.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as

- Dizziness or lightheadedness when exercising;
- Fainting or passing out during or after exercising;
- Shortness of breath or difficulty breathing with exercise, that is not asthma related;
- Racing, skipped beats or fluttering heartbeat (palpitations)
- Fatigue (extreme or recent onset of tiredness)
- Weakness;
- Chest pains/pressure or tightness during or after exercise.

These symptoms can be unclear and confusing in athletes. Some may ignore the signs or think they are normal results off physical exhaustion. If the conditions that cause SCA are diagnosed and treated before a life-threatening event, sudden cardiac death can be prevented in many young athletes.

### What are the risks of practicing or playing after experiencing these symptoms?

There are significant risks associated with continuing to practice or play after experiencing these symptoms. The symptoms might mean something is wrong and the athlete should be checked before returning to play. When the heart stops due to cardiac arrest, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience a SCA die from it; survival rates are below 10%.

### Act 73 – Peyton's Law - Electrocardiogram testing for student athletes

The Act is intended to help keep student-athletes safe while practicing or playing by providing education about SCA and by requiring notification to parents that you can request, at your expense, an electrocardiogram (EKG or ECG) as part of the physical examination to help uncover hidden heart issues that can lead to SCA.

### Why do heart conditions that put youth at risk go undetected?

- Up to 90 percent of underlying heart issues are missed when using only the history and physical exam;
- Most heart conditions that can lead to SCA are not detectable by listening to the heart with a stethoscope during a routine physical; and
- Often, youth don't report or recognize symptoms of a potential heart condition.

### What is an electrocardiogram (EKG or ECG)?

An ECG/EKG is a quick, painless and noninvasive test that measures and records a moment in time of the heart's electrical activity. Small electrode patches are attached to the skin of your chest, arms and legs by a technician. An ECG/EKG provides information about the structure, function, rate and rhythm of the heart.

### Why add an ECG/EKG to the physical examination?

Adding an ECG/EKG to the history and physical exam can suggest further testing or help identify up to two-thirds of heart conditions that can lead to SCA. An ECG/EKG can be ordered by your physician for screening for cardiovascular disease or for a variety of symptoms such as chest pain, palpitations, dizziness, fainting, or family history of heart disease.

- ECG/EKG screenings should be considered every 1-2 years because young hearts grow and change.
- ECG/EKG screenings may increase sensitivity for detection of undiagnosed cardiac disease but may not prevent SCA.
- ECG/EKG screenings with abnormal findings should be evaluated by trained physicians.
- If the ECG/EKG screening has abnormal findings, additional testing may need to be done (with associated cost and risk) before a diagnosis can be made, and may prevent the student from participating in sports for a short period of time until the testing is completed and more specific recommendations can be made.
- The ECG/EKG can have false positive findings, suggesting an abnormality that does not really exist (false positive findings occur less when ECG/EKGs are read by a medical practitioner proficient in ECG/EKG interpretation of children, adolescents and young athletes).
- ECGs/EKGs result in fewer false positives than simply using the current history and physical exam.

**The American College of Cardiology/American Heart Association guidelines do not recommend an ECG or EKG in asymptomatic patients but do support local programs in which ECG or EKG can be applied with high-quality resources.**

#### *Removal from play/return to play*

Any student-athlete who has signs or symptoms of SCA must be removed from play (which includes all athletic activity). The symptoms can happen before, during, or after activity.

Before returning to play, the athlete must be evaluated and cleared. Clearance to return to play must be in writing. The evaluation must be performed by a licensed physician, certified registered nurse practitioner, or cardiologist (heart doctor). The licensed physician or certified registered nurse practitioner may consult any other licensed or certified medical professionals.

I have reviewed this form and understand the symptoms and warning signs of SCA. I have also read the information about the electrocardiogram testing and how it may help to detect hidden heart issues.

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Print Student-Athlete's Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 5: HEALTH HISTORY

**Explain "Yes" answers at the bottom of this form.**  
**Circle questions you don't know the answers to.**

	Yes	No		Yes	No
1. Has a doctor ever denied or restricted your participation in sport(s) for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	23. Has a doctor ever told you that you have asthma or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have an ongoing medical condition (like asthma or diabetes)?	<input type="checkbox"/>	<input type="checkbox"/>	24. Do you cough, wheeze, or have difficulty breathing DURING or AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	<input type="checkbox"/>	<input type="checkbox"/>	25. Is there anyone in your family who has asthma?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have allergies to medicines, pollens, foods, or stinging insects?	<input type="checkbox"/>	<input type="checkbox"/>	26. Have you ever used an inhaler or taken asthma medicine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever passed out or nearly passed out DURING exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever passed out or nearly passed out AFTER exercise?	<input type="checkbox"/>	<input type="checkbox"/>	28. Have you had infectious mononucleosis (mono) within the last month?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had discomfort, pain, or pressure in your chest during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Do you have any rashes, pressure sores, or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your heart race or skip beats during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	30. Have you ever had a herpes skin infection?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has a doctor ever told you that you have (check all that apply):			<b>CONCUSSION OR TRAUMATIC BRAIN INJURY</b> 31. Have you ever had a concussion (i.e. bell rung, ding, head rush) or traumatic brain injury? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> 32. Have you been hit in the head and been confused or lost your memory? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> 33. Do you experience dizziness and/or headaches with exercise? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>		
<input type="checkbox"/> High blood pressure <input type="checkbox"/> Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>	34. Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High cholesterol <input type="checkbox"/> Heart infection			35. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has a doctor ever ordered a test for your heart? (for example ECG, echocardiogram)	<input type="checkbox"/>	<input type="checkbox"/>	36. Have you ever been unable to move your arms or legs after being hit or falling?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has anyone in your family died for no apparent reason?	<input type="checkbox"/>	<input type="checkbox"/>	37. When exercising in the heat, do you have severe muscle cramps or become ill?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone in your family have a heart problem?	<input type="checkbox"/>	<input type="checkbox"/>	38. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any family member or relative been disabled from heart disease or died of heart problems or sudden death before age 50?	<input type="checkbox"/>	<input type="checkbox"/>	39. Have you had any problems with your eyes or vision?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does anyone in your family have Marfan Syndrome?	<input type="checkbox"/>	<input type="checkbox"/>	40. Do you wear glasses or contact lenses?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever spent the night in a hospital?	<input type="checkbox"/>	<input type="checkbox"/>	41. Do you wear protective eyewear, such as goggles or a face shield?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	42. Are you unhappy with your weight?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had an injury, like a sprain, muscle, or ligament tear, or tendonitis, which caused you to miss a Practice or Contest? If yes, circle affected area below: 18. Have you had any broken or fractured bones or dislocated joints? If yes, circle below: 19. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, circle below:			43. Are you trying to gain or lose weight?	<input type="checkbox"/>	<input type="checkbox"/>
Head    Neck    Shoulder    Upper arm    Elbow    Forearm    Hand/ Fingers    Chest			44. Has anyone recommended you change your weight or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>
Upper back    Lower back    Hip    Thigh    Knee    Calf/shin    Ankle    Foot/ Toes			45. Do you limit or carefully control what you eat?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever had a stress fracture?	<input type="checkbox"/>	<input type="checkbox"/>	46. Do you have any concerns that you would like to discuss with a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you been told that you have or have you had an x-ray for atlantoaxial (neck) instability?	<input type="checkbox"/>	<input type="checkbox"/>	<b>MENSTRUAL QUESTIONS- IF APPLICABLE</b>		
22. Do you regularly use a brace or assistive device?	<input type="checkbox"/>	<input type="checkbox"/>	47. Have you ever had a menstrual period?	<input type="checkbox"/>	<input type="checkbox"/>
			48. How old were you when you had your first menstrual period?		
			49. How many periods have you had in the last 12 months?		
			50. When was your last menstrual period?		

#s	Explain "Yes" answers here:

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that to the best of my knowledge all of the information herein is true and complete.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SECTION 6: PIAA COMPREHENSIVE INITIAL PRE-PARTICIPATION PHYSICAL EVALUATION  
AND CERTIFICATION OF AUTHORIZED MEDICAL EXAMINER**

Must be completed and signed by the Authorized Medical Examiner (AME) performing the herein named student's comprehensive initial pre-participation physical evaluation (CIPPE) and turned in to the Principal, or the Principal's designee, of the student's school.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ for 20\_\_\_\_ - 20\_\_\_\_  
School Year

Enrolled in \_\_\_\_\_ School Sport(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (optional) \_\_\_\_\_ Brachial Artery BP \_\_\_\_/\_\_\_\_ (\_\_\_\_/\_\_\_\_, \_\_\_\_/\_\_\_\_) RP \_\_\_\_\_

If either the brachial artery blood pressure (BP) or resting pulse (RP) is above the following levels, further evaluation by the student's primary care physician is recommended.

**Age 10-12:** BP: >126/82, RP: >104; **Age 13-15:** BP: >136/86, RP >100; **Age 16-25:** BP: >142/92, RP >96.

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Corrected: YES NO (circle one) Pupils: Equal \_\_\_\_ Unequal \_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Cardiovascular		<input type="checkbox"/> Heart murmur <input type="checkbox"/> Femoral pulses to exclude aortic coarctation <input type="checkbox"/> Physical stigmata of Marfan syndrome
Cardiopulmonary		
Lungs		
Abdomen		
Genitourinary (males only)		
Neurological		
Skin		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

I hereby certify that I have reviewed the HEALTH HISTORY, performed a comprehensive initial pre-participation physical evaluation of the herein named student, and, on the basis of such evaluation and the student's HEALTH HISTORY, certify that, except as specified below, the student is physically fit to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in the sport(s) consented to by the student's parent/guardian in Section 2 of the PIAA Comprehensive Initial Pre-Participation Physical Evaluation form:

☐ **CLEARED** ☐ **CLEARED** with recommendation(s) for further evaluation or treatment for: \_\_\_\_\_

☐ **NOT CLEARED** for the following types of sports (please check those that apply):

☐ COLLISION ☐ CONTACT ☐ NON-CONTACT ☐ STRENUOUS ☐ MODERATELY STRENUOUS ☐ NON-STRENUOUS

Due to \_\_\_\_\_

Recommendation(s)/Referral(s) \_\_\_\_\_

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP (circle one) Certification Date of CIPPE \_\_\_\_/\_\_\_\_/\_\_\_\_



## Section 8: Re-CERTIFICATION BY LICENSED PHYSICIAN OF MEDICINE OR OSTEOPATHIC MEDICINE

This Form must be completed for any student who, subsequent to completion of Sections 1 through 5 of this CIPPE Form, required medical treatment from a licensed physician of medicine or osteopathic medicine. This Section 8 may be completed at any time following completion of such medical treatment. Upon completion, the Form must be turned in to the Principal, or the Principal's designee, of the student's school, who, pursuant to ARTICLE X, LOCAL MANAGEMENT AND CONTROL, Section 2, Powers and Duties of Principal, subsection C, of the PIAA Constitution, shall "exclude any contestant who has suffered serious illness or injury until that contestant is pronounced physically fit by the school's licensed physician of medicine or osteopathic medicine, or if none is employed, by another licensed physician of medicine or osteopathic medicine."

**NOTE:** The physician completing this Form must first review Sections 5 and 6 of the herein named student's previously completed CIPPE Form. Section 7 must also be reviewed if both (1) this Form is being used by the herein named student to participate in Practices, Inter-School Practices, Scrimmages, and/or Contests in a subsequent sport season in the same school year AND (2) the herein named student either checked yes or circled any Supplemental Health History questions in Section 7.

If the physician completing this Form is clearing the herein named student subsequent to that student sustaining a concussion or traumatic brain injury, that physician must be sufficiently familiar with current concussion management such that the physician can certify that all aspects of evaluation, treatment, and risk of that injury have been thoroughly covered by that physician.

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ for 20\_\_\_\_ - 20\_\_\_\_  
School Year

Enrolled in \_\_\_\_\_ School

Condition(s) Treated Since Completion of the Herein Named Student's CIPPE Form: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A. GENERAL CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with no restrictions, except those, if any, set forth in Section 6 of that student's CIPPE Form.

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

**B. LIMITED CLEARANCE:** Absent any illness and/or injury, which requires medical treatment, subsequent to the date set forth below, I hereby authorize the above-identified student to participate for the remainder of the current school year in additional interscholastic athletics with, in addition to the restrictions, if any, set forth in Section 6 of that student's CIPPE Form, the following limitations/restrictions:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Physician's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physician's Signature \_\_\_\_\_ MD or DO (circle one) Date \_\_\_\_\_

## Section 9: CIPPE MINIMUM WRESTLING WEIGHT

### INSTRUCTIONS

Pursuant to the Weight Control Program adopted by PIAA, prior to the participation by any student in interscholastic wrestling, the Minimum Wrestling Weight (MWW) at which the student may wrestle during the season must be (1) certified to by an Authorized Medical Examiner (AME) and (2) established NO EARLIER THAN six weeks prior to the first Regular Season Contest day of the wrestling season and NO LATER THAN the Monday preceding the first Regular Season Contest day of the wrestling season (See NOTE 1). This certification shall be provided to and maintained by the student's Principal, or the Principal's designee.

In certifying to the MWW, the AME shall first make a determination of the student's Urine Specific Gravity/Body Weight and Percentage of Body Fat, or shall be given that information from a person authorized to make such an assessment ("the Assessor"). This determination shall be made consistent with National Federation of State High School Associations (NFHS) Wrestling Rule 1, Competition, Section 3, Weight-Control Program, which requires, in relevant part, hydration testing with a specific gravity not greater than 1.025, and an immediately following body fat assessment, as determined by the National Wrestling Coaches Association (NWCA) Optimal Performance Calculator (OPC) (together, the "Initial Assessment").

Where the Initial Assessment establishes a percentage of body fat below 7% for a male or 12% for a female, the student must obtain an AME's consent to participate.

For all wrestlers, the MWW must be certified to by an AME.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
Enrolled in \_\_\_\_\_ School \_\_\_\_\_

### INITIAL ASSESSMENT

I hereby certify that I have conducted an Initial Assessment of the herein named student consistent with the NWCA OPC, and have determined as follows:

Urine Specific Gravity/Body Weight \_\_\_\_\_ / \_\_\_\_\_ Percentage of Body Fat \_\_\_\_\_ MWW \_\_\_\_\_

Assessor's Name (print/type) \_\_\_\_\_ Assessor's I.D. # \_\_\_\_\_

Assessor's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CERTIFICATION

Consistent with the instructions set forth above and the Initial Assessment, I have determined that the herein named student is certified to wrestle at the MWW of \_\_\_\_\_ during the 20\_\_\_\_ - 20\_\_\_\_ wrestling season.

AME's Name (print/type) \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

AME's Signature \_\_\_\_\_ MD, DO, PAC, CRNP, or SNP Date of Certification \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(circle one)

For an appeal of the Initial Assessment, see NOTE 2.

### NOTES:

1. For senior high school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open until January 15<sup>th</sup> and for junior high/middle school wrestlers coming out for the Team AFTER the Monday preceding the first Regular Season Contest day of the wrestling season the OPC will remain open all season.
2. Any athlete who disagrees with the Initial Assessment may appeal the assessment results one time by having a second assessment, which shall be performed prior to the athlete's first Regular Season wrestling Contest and shall be consistent with the athlete's weight loss (descent) plan. Pursuant to the foregoing, results obtained at the second assessment shall supersede the Initial Assessment; therefore, no further appeal by any party shall be permitted. The second assessment shall utilize either Air Displacement Plethysmography (Bod Pod) or Hydrostatic Weighing testing to determine body fat percentage. The urine specific gravity testing shall be conducted and the athlete must obtain a result of less than or equal to 1.025 in order for the second assessment to proceed. All costs incurred in the second assessment shall be the responsibility of those appealing the Initial Assessment.

# SHAMOKIN AREA SCHOOL DISTRICT

## SPORTS

### ATHLETIC RULES AND INSURANCE PROCEDURES

## SHAMOKIN AREA HIGH SCHOOL RULES FOR ATHLETES AND CHEERLEADERS

Each Monday of the school term, teachers of athletes and cheerleaders will submit to the Athletic Director list of failures. On Tuesday, the Athletic Director and/or Principal will meet with students who are not passing 6 classes. The major purpose of the meeting will be to discuss reasons for failures and methods to improve grades.

School Board Policy points out academic and athletic eligibility requirements. Coaches and parents will always be informed of probationary or suspension decisions. For the students' first notification of failing grades, they will receive a one (1) week probation and are required to improve grades to a minimum standard or above. Failure to meet the passing grades will result in suspension from the athletic sport for one (1) week, beginning immediately following the time the deficiency was reported to the student. The following week, the student will be permitted to resume practice but not participate in any contest(s) until a passing grade has been verified by the end of the second week.

All students participating in inter-scholastic sports (including cheerleading) are required to pass six (6) major classes during the marking period. At the end of the marking period overall grades will be reviewed and the participant must be passing a minimum of four (4) credits as per PIAA standards. If the participant is not passing four (4) credits he/she will be placed on a fifteen (15) school day suspension beginning the day the report is issued to students.

In addition, any student who signs into school after 8:15 a.m. is ineligible to participate in any way in the athletic activity for that day. An absence from school makes a student ineligible for athletic participation. Any exceptions must be approved beforehand by the Athletic Director and/or Principal.

Coaches are encouraged to stress rules and expectations for their athletes. Any violations of conduct, including sportsmanship, will be dealt with by coaches and the Athletic Director.

### ***School Policy Interscholastic Athletics***

All students participating in interscholastic athletes and cheerleading shall be subject to the following standards concerning DRUGS/ALCOHOL, STEALING, or USE of TOBACCO PRODUCTS:

- Any in-season (First P.I.A.A. practice date) student athlete or cheerleader found or discovered by a school official or convicted in a court of law to be using or possessing a controlled substance/alcohol or abusing any drug shall be removed from that squad for that sport season.
- Any student athlete or cheerleader found or discovered by a school official to be stealing shall be brought before the High School Principal and Athletic Director to hear the case and determine disciplinary action.
- Any student athlete found or discovered using or possessing tobacco products at any school sponsored event (on or off school grounds) shall be subject to the Middle/High school discipline for tobacco products.

## CLAIMS PROCEDURES

### \$100.00 EXCESS COVERAGE

In the event of a sports injury, parent should follow the procedures below:

- A) Report injury ***immediately*** to the school official. Failure to report an injury immediately may result in non-payment of benefits.
- B) Obtain a claim form from a school official and complete with details of the accident and signature.
- C) Complete the portion of the claim form which includes the name of student, birth date, school district, school address, parent's/guardian's name and address. This ***must be done***.
- D) File claim with ***both*** their own insurance company and the school's accident insurance company. ***Please be sure a copy of the claim form is on file with the Business Office prior to filing with insurance company.***
  - School's accident insurance is a \$100 excess policy for in-patient and out-patient services, which means the school's accident insurance will pay the first \$100.00 or covered expenses without regard to other insurance. Eligible expenses above \$100.00 must go to the parent's insurance company. What the parent's company does not pay can be resubmitted to the school's accident insurance company. ***In order for this process to be completed, the school's accident insurance company is going to require a statement from the parent's individual insurance company itemizing payments and balances due.*** Forward this statement to the school's accident insurance company. At this time, the unpaid balance will be reconsidered for payment within the limits of the policy.
- E) If the parent has ***HMO coverage***, payment must go through their ***HMO Doctor***.
- F) Physicians must submit itemized bills including their name, address, date of service and physician's signature.
- G) The portion of the school claim form related to other insurance must be completed and signed by parent or guardian.
- H) Authorization to release medical information must be dated and signed by parent or guardian.
- I) Authorization to pay benefits directly to provider should be signed if the parent/guardian wishes to have the hospital, doctor or x-rays paid directly.
- J) Attach itemized bills to the claim form and forward to the school's accident insurance company (address can be found on the claim form). Retain a copy of the claim form and bills for your files.
- K) Only one claim form is necessary per injury. Supplemental bills can be forwarded directly to the school's accident insurance company. Retain a copy for your files. All bills should include name, date of accident and policy number.

# SPORTS INJURIES

**The following information must be given to the insurance company to process a claim:**

- A) Name, birth date and grade of student
- B) Name of school, school address and school district
- C) The name and address of the parent or guardian
- D) Date of accident, time and nature of injury
- E) **Complete** details of the accident
- F) Names and addresses of attending physicians
- G) Signature of the school official
- H) A **complete** physician's or dentist's report including physician's signature, name, address and date.
- I) Claim form must be completed and signed by parent or guardian
- J) Authorization to release medical information must be signed and dated by parent or guardian
- K) Authorization to pay benefits directly to provided (this should only be signed if you wish to have the hospital or doctor paid directly, otherwise indicate payment should be sent to the parent or guardian).

**Be as specific and detailed as you can when describing the accident that took place.**

**For example:**        "John hurt leg while playing baseball."

The example does not include cause or result.

Cause being ----tripped, pushed, fell, slid into home plate, etc.

Result ----cut leg, swollen leg, bruised leg, required stitches, possible sprain

Accident details must include:     TIME, CAUSE, AND RESULTS!!

# SCHEDULE OF BENEFITS

## \$100.00 EXCESS PLAN A COVERAGE

### Hospital Services:

Daily room & board (semi-private).....	Usual & Customary
Intensive care room & board.....	Usual & Customary
Miscellaneous services during hospital confinement or when surgery is performed .....	Usual & Customary
Emergency Room out-patient when hospital confinement is not required .....	Usual & Customary

### Doctor's Services:

Surgery, including pre and post-operative care.....	Usual & Customary
Anesthesia (including administration) and assistant surgeon: % of surgeon's fees .....	Usual & Customary
Consultants (when required by attending physician for confirming or determining a diagnosis, but for treatment) and second opinion .....	Usual & Customary

### Laboratory & X-Ray Services:

Other than dental and including fee for interpretation and/or reading of x-ray when not hospital confined.....	Usual & Customary
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### Additional Services:

Physiotherapy Treatment In Hospital.....	Usual & Customary
Out of Hospital .....	Usual & Customary
Registered or licensed nurse (in or out of hospital).....	Usual & Customary
Ambulance to initial treatment facility .....	Usual & Customary
Orthopedic Appliances In Hospital.....	Usual & Customary
Out of Hospital .....	Usual & Customary
Out-patient drugs and medications administered in a doctor's office or by prescription.....	Usual & Customary
Eyeglasses, contact lenses and hearing aids; replacement of broken eyeglasses and/or frames, contact lenses, hearing aids resulting from a covered injury.....	Usual & Customary

SCHEDULE OF BENEFITS  
\$100.00 EXCESS PLAN A COVERAGE  
(continued)

Dental Services:

For treatment, repair or replacement of injured natural teeth.  
Includes initial braces when required for treatment of covered  
injury, as well as examination, x-rays, restorative treatment,  
endodontics, oral surgery and treatment for gingivitis resulting  
from trauma.....Usual & Customary

**COVERAGE IS \$100.00 EXCESS COVERAGE WHICH MEANS:**

The insuring company will pay the first \$100.00 of coverage expenses without regard to other insurance. Charges then must be submitted to the parent's/guardian's group insurance for payment. Whatever eligible expenses the coverage does not pay is re-submitted to the claim department pursuant to the limits of the policy. If the parents have no insurance coverage, the sports accident insurance will be the primary carrier.



## SHAMOKIN AREA SCHOOL DISTRICT

# ***STUDENT DRUG-ALCOHOL TESTING POLICY***

The Shamokin Area School District (herein "District") believes that participation in extracurricular activities is an integral part of a student's overall educational experience. Although important, these activities are nonetheless a privilege. Students voluntarily choosing to participate in these activities are expected to accept the responsibilities accompanying this privilege. Among these responsibilities is the obligation to be drug and alcohol free on a year round basis. Toward this end, District students participating in such activities are required to agree to and cooperate with drug testing in accordance with this policy. This policy encompasses all students in grades Seven (7) through Twelve (12) participating in an activity as listed in this policy.

As representatives of the District and leaders in their schools, students involved in extracurricular programs and students who drive to school are expected to exemplify high standards by the public and are held in high esteem by other students. Participants in extracurricular programs and those who drive to school are expected to accept the responsibilities accompanying these opportunities.

The District recognizes drugs and/or alcohol have a serious and harmful effect on all areas of performance for student/athletes. Additionally, continued or long-term use of these substances can compound these problems, affecting the user academically, physically, socially and emotionally.

It is not the intention of this policy to penalize a student who is taking a medication prescribed by a licensed physician for treatment of a medical condition. The intent is to provide a legitimate reason for students to refuse to consume or use drugs and/or alcohol and to provide assistance for those who have a problem with the substances whether prescribed or otherwise. The goals of this policy are to prevent disruption to the educational process, protect the health and safety of students, deter student drug/alcohol use and provide access to assistance programs, and to enhance communication between students and parents/guardians.

As this is a non-curricular occurrence, no record of participation or of any test results, either positive or negative, will appear on the student's permanent transcript or any other permanent record held by the District.

The District prohibits the possession, use or the distribution of drugs, alcohol, controlled or mood altering substances, including anabolic steroids, look a-likes, designer drugs, drug paraphernalia, health endangering substances, medication not registered with the health office, or alcohol on school district property, school buses, or during activities under school district jurisdiction.

This policy encompasses all students in grades Seven (7) through Twelve (12) wishing to participate in any interscholastic athletic activity, extracurricular activity, or those students who meet the District's guidelines to drive on campus and/or obtain a parking permit and those being educated by the District under special circumstances. The program is also available to all District students with the permission of their parents and/or guardians. Students not seeking privileges for parking, participating on athletic teams or extracurricular activities will be deemed voluntary participants.

The District will require any student submitting to testing and the student's custodial parent/guardian to consent in writing to drug testing pursuant to the District's drug testing program. Written consent shall be in the form attached to this policy. No student will be able to participate in any interscholastic sport, any extracurricular activity, or to obtain a parking permit without such consent.

Activities covered under this policy are, but not limited to, the following:

***Sports***

- All Junior High, Junior Varsity, and Varsity Shamokin Area School Board approved sport teams

***Music Organizations***

- Middle/High School Competition, Jazz, Mariachi, Marching, Symphonic Band
- Middle/High School Chorus/Chorale and Orchestra
- Middle/High School Band Front
- Middle/High School String Ensemble
- Small Orchestra and Vocal Ensembles

***Clubs and Organizations***

- Art Club
- AV Staff
- Bible Club
- Chemistry Club
- Chess Club
- Environmental Club
- Indian Pride
- Indian Times
- Interact Club
- Key Club
- Math Club
- National and National Junior Honor Society
- SAB (Students Against Bullying)
- Senior High Computer Club
- Student Council
- Tech Ed Club
- The Works
- Varsity Club

### **Costs**

All costs of collection, initial testing, and interpretation shall be paid by the District. The drug test will be administered to determine the presence of some or all of the following: anabolic steroids, amphetamines, barbiturates, cocaine, codeine, depressants, heroin, marijuana, morphine, methamphetamine, opiates, PCP, stimulants, Valium, alcohol, or **other drugs added at the discretion of the Superintendent in the student's sample**. A test result indicating the presence of any of these substances will be considered a violation of this policy.

### **Random Testing**

Testing will be done without prior notice. The dates of testing, the number of tests to be performed, and the identity of the students to be tested shall be determined by the District at its sole discretion, and may be performed at any time during the school year. All drug testing of collected samples shall be conducted without additional student or parent/guardian notification, during the school year. The District may test up to twenty (20) students randomly at monthly intervals during the school year or interscholastic seasons without regard to whether the student is then participating in the designated activity. Students selected for testing will be chosen at random by a Board approved process, supervised by the building principal, assistant principal/assistant to the principal, athletic director or superintendent. District personnel will notify student's parent/guardian that student was tested as soon as possible.

### **Consent**

Prior to any student's participation in an activity, both the student and his/her parent/guardian must submit a signed consent form which will serve as authorization to the District to enforce this policy. If any student or parent/guardian declines to sign the form, the student shall not be permitted to participate in the activity. If a student moves into the District after the deadline for consent or changes his/her decision to participate after the deadline for consent, the student shall be required to provide a properly executed consent form and participate in a mandatory drug test before the student will be permitted to participate. In addition, any student not involved in the random drug testing program choosing to join an activity will automatically be tested once consent is received.

### **Sample Collection**

Any absent student selected randomly for drug testing will be tested at the next available testing time. Students who fail to supply an adequate sample when requested must remain in the collection area and will be allowed to drink up to 8 ounces of liquid every one-half hour up to a total of two and one-half hours. Failure to supply an adequate sample within two and one-half hours may result in a determination by the District the student has refused to provide a required sample under this policy. Failure to supply an adequate sample shall be considered a violation of this policy and sanctions will apply as if a positive test result has been obtained.

### **Testing Process**

1. Participant will arrive with an acceptable photo identification (ID). If she/he cannot provide a photo ID, a building principal will identify the student.
2. Participant is asked to wash his/her hands with soap and water and dry them. She/he will be required to pull up pants legs, and empty pockets before testing.
3. No purses, bags, or containers may be taken into the collection area with the participant.
4. Collections will be performed in proper chain of custody format. The participant is never out of supervision of the collector with the chain-of-custody.
5. The collector prepares the urine bottle by placing the temperature sticker on the side of the bottle.
6. The collector adds a bluing agent to the water in the urinal or toilet. When the specimen is collected the attendant will check to make certain that the specimen has the temperature and appearance of a freshly collected urine specimen. The attendant will tightly secure the container lid and seal the bottle with a security seal while simultaneously saying to the student "I am sealing your specimen with your ID on the specimen. Is this the correct ID?" (The student should answer yes.)
7. The participant will then initial the seal in the presence of the collector and the witness will also indicate the date and time on the specimen and initial the specimen.
8. The participant will sign the Chain of Evidence form.
9. The specimen and Chain of Evidence form will be put in a Biohazard bag and placed in secure area.
10. All specimens will be stored in a locked freezer/refrigerator.
11. Results will be sent to the school nurse, building principal, and/or superintendent of the school.

All testing will be performed on urine samples collected by trained and certified collection personnel following forensic collection procedures. Urine samples will be submitted to a screening test for multiple drugs as set forth in this policy. Urine samples found to test positive on the screening assay will be subject to further confirmatory testing for drugs identified, using a different analytical methodology. Only those drugs found to be positive on the screening assay and confirmatory tests will be reported as positive.

If it is determined that a violation of this policy has occurred, the participant and the participant's parent/guardian will be notified by the designee. If requested, a donor challenge test will be at the expense of the student and/or parent/guardian and will be administered using the original urine sample at a mutually agreed upon laboratory. If the donor challenge test results are negative, no further action will be taken. If a donor challenge is requested, the consequences/sanctions for a violation will be applied until the results of the donor challenge are available.

### **Sanctions/Penalties**

Sanctions are intended to apply to participation in P.I.A.A. sanctioned interscholastic sports and to District sponsored activities or privileges. If a student's test indicates this policy has been violated, or if a student refuses to take a test upon request, then the following sanctions shall apply:

#### **First Offense:**

1. The student will be suspended immediately from his/her activity/activities and parking privileges will be revoked for 30 (thirty) in-session school days from the date of initial testing. In addition, the student will not be permitted admission into any athletic or extracurricular events and all privileges to the school's weight room, cardio room and gymnasium facilities will be suspended for a period of 30 days.
2. The parents/guardians of the student will be immediately contacted by the administration.
3. The student will be subject to a search of his/her belongings, locker, and/or car.
4. The student will be referred to District personnel for counseling, including mandatory participation with the STOP Team.
5. The student will be required, under parental supervision, to undergo drug and alcohol counseling with an outside professional agency approved by the District, without expense to the District.
6. The student will be tested, at his/her own expense (payable before testing is completed), prior to resuming activity participation or attendance at extracurricular events (practices and/or activities). In addition, the student will be subjected to mandatory periodic drug testing during the subsequent year(s) of participation in activities, athletics, etc. This will be in addition to the maximum of 20 tests monthly or during an athletic season.

#### **Second Offense:** (within a six-year time period)

1. The student will be permanently suspended from all school activities and banned from parking on school property.
2. The student will be referred for drug and alcohol counseling with an outside professional agency approved by the District, without expense to the District.

No student shall be suspended from school, expelled, or otherwise penalized academically as a result of a confirmed positive result under this policy. Information regarding the results of the drug tests shall not be disclosed to law enforcement authorities unless the District is otherwise compelled to do so by valid subpoena or court order. If such disclosure is requested, the District will notify the student and **student's parent/guardian as soon as possible**. The results of the drug test under this policy will not be documented in a student's academic record. Positive drug test results will be maintained by the District solely to administer this policy. Any student's positive drug test results will be destroyed upon time of the student's graduation, and/or the age of 21 by the Shamokin Area School District.

Any student who provides or attempts to provide a sample other than his or her own for testing, or any student who provides or attempts to provide a sample for another student for testing, or who performs any act to attempt to impede, or which does impede, the testing of himself or herself, or any other student, shall be deemed to be in violation of this policy, and shall be subject to all sanctions that are applicable for a first offense as listed in this policy. And, in addition, may be subject to an out-of-school suspension for ten days for the first offense, and expulsion for a second or subsequent offense, at the discretion of the Board of Directors of the District.

### ***Severability Clause***

Nothing in this policy shall curtail or render ineffective any other existing policies of this District with regard to the possession or use of illegal substances or paraphernalia or those policies dealing with expected behavior of students on school property or while engaged in school sanctioned activities.

If any section or portion of this policy is subsequently deemed unconstitutional by a court of competent jurisdiction or is deemed to contravene the dictates of any state or federal law, the policy shall remain effective, without requirement of further action by the Shamokin Area School District's Board of Directors, with respect to those provisions of the policy that have not been otherwise invalidated, to the fullest extent that enforcement of the remaining provisions is possible.

## Glossary of Terms:

### ***Drug/Controlled Substance***

A substance considered illegal or controlled by the Commonwealth of Pennsylvania, the United States Government, The Food and Drug administration, the Drug Enforcement Administration (DEA); or any controlled substance that has as an effect, the enhancement of performance or mood alteration. For purposes of this policy, the District reserves the right to test for any one or more of these substances as determined by consultation with the provider with which the District has contracted for testing of activity students.

### ***Extracurricular Activity***

Within the meaning of the policy includes all interscholastic athletics, clubs and other activities in which students in grades Seven (7) through Twelve (12) participate on a voluntary basis. Includes, but is not limited to: athletics, including open gym; clubs, meeting during activity period and outside of the school day; band; cheerleading, including all managers, student trainer, etc.; and all musical and drama performances.

### ***School Property***

This policy covers all locations under the jurisdiction of the Shamokin Area School District including away events (field trips, sporting events, competitions, etc.) in or out of state.

### ***Student Driver***

Any student with a valid Pennsylvania license who has formally requested a parking permit via the District-approved process.

### ***Student/Participant***

High school student (grades 7-12) who participates in a Shamokin Area School District sponsored interscholastic athletic activity, extracurricular activity, or those who meet the District's guidelines to drive on campus and/or obtain a parking permit, or any student who applies for permission to utilize District parking facilities. This includes any student who represents Shamokin Area School District in any extracurricular/co-curricular activity in interscholastic competition, such as Band, Vocal, Cheerleading and Athletics (including managers, student trainers, etc.).

### ***Vendor***

A certified person, corporation, medical office or company selected by the Board of Education to maintain the integrity of the testing samples, and interpreting and maintaining the confidentiality of test results in compliance with the policy.