

No pupil shall purchase, possess, attempt to possess, use, be under the influence of, sell, transfer any of the following on or about school property, at any location of a school-sponsored activity, or en route to or from school or a school-sponsored activity:

- 1. alcoholic beverages;
- 2. controlled drug substances\* and drug paraphernalia;
- 3. substances that "look like" a controlled substance. In instances involving lookalike substances, there must be evidence of the student's intent to pass off the item as a controlled substance.
- 4. any prescription or non-prescription medication for the purpose of sale, distribution, or use (unless otherwise permitted by Board policy).

\* A controlled substance means any substance or immediate precursor listed in Chapter 218A of the Kentucky Revised Statutes or any other substance which may be added by the Kentucky Department of Health Services under the regulations pursuant to <u>KRS 218A.010</u>, and marijuana.

Violation of this policy shall constitute reason for disciplinary action including suspension, assignment to the Alternative Education Program, or expulsion from school and loss of driving privileges, and suspension or dismissal from athletic teams, extracurricular activities, and/or other school-sponsored activities. Violations of this policy that involve the sale or trafficking of a controlled substance shall be referred to the Board of Education for the administration of disciplinary action.

## Student Driver/Extracurricular/Athletic Participant

## **Printed Student Name:**

## **Printed Parent/Guardian Name:**

We have read and understand the Bath County Schools Board Policy 09.423 dealing with the *Use of Alcohol, Drug and other Controlled Substances for Students* and corresponding procedures *09.423 AP1*. I understand by signing this consent form I agree to be bound by the terms and conditions contained in the above mentioned Bath County Schools Board policy. Our signatures grant consent for Bath County Schools to perform random drug testing through urinalysis.

Student Signature:	* Date:	
Parent Signature:	* Date:	
Witness Signature:	* (REQUIRED)	

\*This document is not valid unless it is signed by the student and parent/guardian and the signatures witnessed by a third party person who saw the others sign. Return the form to your coach/sponsor/office.