

High School Enrollment Form

Name _____ Grade _____

Date of Birth _____ Social Security # _____

Native American Yes _____ No _____ Role Number _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____

Mother's Name _____ Cell # _____

Mother's Employer & Phone # _____

Father's Name _____ Cell # _____

Father's Employer & Phone # _____

Emergency Phone # If Parent Can Not Be Reached _____

If New Student, Name Of Previous School _____

Are You Of Hispanic/Latino Origin Yes _____ No _____

What Is Your Race?

- A. American Indian or Native Alaskan (02)
- B. Asian (04)
- C. Black/African American (01)
- D. Native Hawaiian or Other Pacific Islander (05)
- E. White (06)

First Semester

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Second Semester

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Parent's Signature _____

***PARENTS: IF YOUR CHILD IS GOING TO BE ABSENT PLEASE CALL THE SCHOOL BETWEEN 8:00 AND 9:00 A.M. THANK YOU.**

CORPORAL PUNISHMENT FORM

Students sent to the office will be disciplined. If the problem is severe enough to warrant corporal punishment, and you do NOT want your child to receive swats, he/she will automatically be suspended for not less than three (3) days. The students will receive zeros for all subjects during those days – this will include all major tests.

Some options the principal will consider are: before or after school detention, in or out of school suspension, corporal punishment, or counseling with the student. Please understand these options are in no particular order and the principal is not limited to only these punishments.

In situations when a student's intent is to inflict bodily harm the student will automatically be suspended for not less than three (3) days.

Detach and Return

Student's full name _____

____ YES Ryan Public School has my permission to administer corporal punishment if the Administration deems it necessary.

____ NO Ryan Public School does NOT have my permission to administer corporal punishment and I understand my child will be suspended for a period of not less than three (3) days and will receive zeros in all subjects on those three (3) days – this does include ALL major tests.

Parent signature

Date

Phone Number _____(cell) _____(work)

Ryan Public School

Home of the Cowboys

P.O. Box 369

Ryan, Oklahoma 73565

Superintendent's Office
(580)757-2308

Principal's Office
(580)757-2296

Ryan Public School Drug Suspension Policy

Students using, selling, passing, buying, or in any way possessing any illegal drug or drug paraphernalia will receive an automatic suspension for the equivalent of one semester, eighty five school days. Students are responsible for any alcohol, tobacco, drug or related accessory, substance, or device found in their automobiles, lockers, and/or possessions.

Student Name

Student Signature

Parent Signature

Student Media Consent and Release Form

2019-2020

Throughout the school year students may be highlighted in efforts to promote Ryan Public School activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, TV, the internet, DVD's, displays, brochures, and other types of media.

I, as the parent or guardian of _____ hereby give Ryan Public School and its employees, representatives, and authorized media organizations permission to print, photograph, and record my child for use in audio, video, or any other electronic, digital, and printed media.

- a) This is with the understanding that neither Ryan Public School nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction/broadcast of said photograph or likeness. I am also fully aware that I will not receive monetary compensation for my child's participation.
- b) I further release and relieve Ryan Public School, its Board of Trustee, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Liability statement and fully understand its terms and conditions.

Please understand that failure to return this release form within ten (10) school days from the date of distribution will constitute approval of the above requests.

Please Print

Name of Child _____

Signature of Parent _____

Important Information for Parents About Meningococcal Disease and Meningococcal Vaccines from the Oklahoma State Department of Education and the Oklahoma State Department of Health

What is meningitis?

Meningitis is an infection of the tissue lining and fluid that surround the spinal cord and the brain. Meningitis is usually caused by a virus or a bacterium. Meningitis caused by a virus is usually less severe and goes away without any special treatment, while meningitis caused by bacteria can be severe and may cause:

- Brain damage,
- Hearing loss,
- Amputation of arms or legs,
- Learning disabilities, or
- Death.

What types of bacteria cause meningitis?

There are several types of bacteria that may cause meningitis, including:

- *Neisseria meningitidis*
- *Streptococcus pneumoniae*,
- *Group B streptococcal disease*, and
- *Haemophilus influenzae* type B (Hib).

This information sheet will focus on the disease caused by *Neisseria meningitidis* (Nay-sear-e-a men-in-git-it-dis), which is rare but especially risky for people of certain ages. Disease caused by *Neisseria meningitidis* is usually referred to as "meningococcal disease" (men-IN-jō-kōk-ul disease). Many persons are exposed to *Neisseria meningitidis* and carry the bacteria in their nose and throat for weeks or months and spread the bacteria to others, but do not become sick themselves. If the meningococcal bacteria invade the body, they may cause a rapidly spreading infection of the blood, lung infection, or meningitis. More information about the other kinds of bacteria that cause meningitis can be found at the web sites listed in the box at the end of this information sheet.

Who is at risk from meningococcal disease?

Babies less than a year old have the highest risk for meningococcal disease, but no vaccine is available for babies. The risk of meningococcal disease increases for teenagers and young adults 15 through age 21 years of age, because of behaviors that spread the disease. On average, two or three people in this age group get meningococcal disease every year in Oklahoma. More than half of these could be prevented by vaccine.

College students, military personnel, and other people living in close quarters or dormitory-style housing have a greater chance of contracting the disease than other persons their age. Other persons at increased risk include smokers or persons frequently exposed to second-hand smoke, those with immune system

problems, those without a spleen, or International travelers going to countries where the disease is more common.

How is the disease spread?

The disease is spread by respiratory droplets produced by a person harboring the bacteria and expelled a short distance by laughing, singing, coughing, or sneezing. The bacteria may also be spread by direct contact with the respiratory fluids of someone who is infected. That includes kissing, or sharing a water bottle, food item, cigarettes, lipstick, lip balm, mouth guard or anything an infected person touches with his or her nose or mouth.

Why is meningococcal disease dangerous?

Meningococcal disease is relatively uncommon with about 2,500 people affected every year in the United States. However, the infection can spread very quickly and 300 of those people die in spite of treatment with antibiotics. Of those who live, about 400 a year lose their arms or legs, become deaf, have problems with their nervous systems, become mentally retarded, or suffer seizures or strokes.

For this reason, it is best to prevent the disease from occurring. Signs and symptoms of meningococcal disease may be confused with other infectious diseases. If your child has symptoms of meningococcal disease, contact your healthcare provider immediately.

Signs and Symptoms of Meningitis

- Headache
- Fever
- Chills
- Stiff neck
- Extreme tiredness
- Vomiting
- Sensitivity to light
- Rash of purplish black-red dots or splotches
- Confusion
- Seizures

How can meningococcal disease be prevented?

Vaccines can prevent approximately two-thirds of the meningococcal disease cases. There are two types of meningococcal vaccine available in the United States (MCV4 and MPSV4) that protect against four of the five most common disease-causing strains of the

Ryan Public School Cell Phone Policy

2019-2020

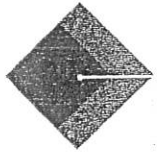
Students are not allowed to have cell phones on campus without a parental consent form signed. Cell phones must be off at all times unless of a terror threat, medical emergency, or allowed by the teacher. Cell phones that are on will be confiscated immediately. Parents will be required to pick up the confiscated phone at the principal's office.

Student Name

Parent Signature

This note must be signed and returned to the principal's office before the student can bring a cell phone to school.

Marcus Chapman & Tony Tomberlin, Principals, Ryan Public Schools



OKLAHOMA STATE DEPARTMENT OF
EDUCATION
CHAMPION EXCELLENCE

College Preparatory/Work Ready Parental Curriculum Choice Letter

Dear Parent or Legal Guardian:

70 O.S. § 11-103.6 requires eighth grade students entering the ninth grade to complete the college preparatory/work ready curriculum outlined in the statute, unless the student's parent or legal guardian approves the student to enroll in the core curriculum. The college preparatory/work ready curriculum and the core curriculum requirements are attached. Successful completion of either curriculum will result in a student receiving a standard diploma.

Choosing the courses a student takes in high school is an important decision for you and your child. A college preparatory curriculum is challenging and may help determine a student's future success in higher education and the world of work.

According to the law, your child will automatically be enrolled in the college preparatory/work ready curriculum, and you do not need to do anything to enroll your child in this curriculum. However, if you choose the core curriculum, you must complete the information below and return it to the school prior to enrollment. Please contact the high school principal or school counselor if you have questions or need additional information.

As the parent or legal guardian, I am selecting the following curriculum for my student:

Core Curriculum ☐

College Preparatory/Work Ready Curriculum ☐

STUDENT'S NAME (Please Print)

GRADE

NAME OF HIGH SCHOOL

PARENT/GUARDIAN'S NAME (Please Print)

PARENT/GUARDIAN'S SIGNATURE

DATE

Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians

What is Sudden Cardiac Arrest?

Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop pumping adequately. When this happens, blood stops flowing to the brain and other vital organs, and, if left untreated, can quickly result in death.

How common is Sudden Cardiac Arrest?

While SCA in student athletes is rare, it is the leading medical cause of death in young athletes. The chance of SCA occurring to any individual student athlete is estimated to be about one in 80,000 to 100,000 per year.

What causes Sudden Cardiac Arrest in student athletes?

SCA is caused by several structural and electrical conditions of the heart. These conditions predispose an individual to have an abnormal heart rhythm. SCA is more likely during exercise or physical activity, placing student athletes with undiagnosed heart conditions at greater risk. Some of these conditions are listed below.

- **Inherited conditions present at birth of the heart muscle** (passed on from family): Hypertrophic Cardiomyopathy (HCM), Arrhythmogenic Right Ventricular Cardiomyopathy (ARVC), and Marfan Syndrome
- **Inherited conditions present at birth of the electrical system**: Long QT Syndrome (LQTS), Catecholaminergic Polymorphic Ventricular Tachycardia, and Brugada Syndrome (BrS)
- **NonInherited conditions** (not passed on from the family, but still present at birth): Coronary artery abnormalities, Aortic valve abnormalities, Non-compaction Cardiomyopathy, and Wolff-Parkinson-White Syndrome (occurs from an extra conducting fiber in the heart's electrical system)
- **Conditions not present at birth but acquired later in life**: Commotio Cordis (occurs from a direct blow to the chest), Myocarditis (infection or inflammation of the heart), and Recreational/Performance Drug Use
- **Idiopathic**: Sometimes the underlying cause of Sudden Cardiac Arrest is unknown, even after autopsy.

What are the warning signs that Sudden Cardiac Arrest may occur?

- **Fainting, passing out, or seizure** - especially during or right after exercise
- **Chest pain or discomfort** - especially with exercise
- **Excessive Shortness of breath** - with exercise
- **Racing heart or irregular heartbeat** - with no apparent reason
- **Dizziness or lightheadedness** - especially with exercise
- **Unusual Fatigue/Weakness** - with exercise
- **Fainting** - from emotional excitement, emotional distress, or being startled
- **Family history of sudden cardiac arrest prior to the age of 50**

While a heart condition may have no warning signs, in more than a third of sudden cardiac deaths, there were warning signs that were not reported to an adult or taken seriously. If any of the above warning signs are present, a cardiac evaluation by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the risks of practicing or playing after experiencing SCA warning signs?

Ignoring such signs and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

When is a student athlete required to be removed from play?

Any student who collapses or faints while participating in an athletic activity is required by law to be removed by the coach from participation at that time.

What is required for a student athlete to return to play?

Any student who is removed or prevented from participating in an athletic activity is not allowed to return to participation until evaluated and cleared for return to participation in writing by a qualified health care provider such as a physician, physician assistant, or advanced practice nurse is recommended. If the health care provider has concerns, a referral to a pediatric cardiologist is recommended.

What are the current recommendations for screening student athletes?

A complete annual sports preparticipation examination based on recommendations from the American Heart Association (AHA), American Academy of Pediatrics (AAP) and American College of Cardiology (ACC) is the cornerstone of screening for preventable causes of SCA. Each year student athletes in Oklahoma are required to have a Sports Preparticipation Physical Examination based on these recommendations completed by a health care provider such as a physician, physician's assistant, or advanced nurse practitioner and filed with the student athlete's school prior to beginning practice. The Sports Preparticipation Examination includes a personal and family health history to screen for risk factors or warning signs of SCA and measurement of blood pressure and a careful listening to the heart, especially for murmurs and rhythm abnormalities.

Noninvasive testing such as an electrocardiogram (ECG) or echocardiogram (ECHO) may be utilized by your health care provider if the sports preparticipation examination reveals an indication for these tests. Screening using an ECG and/or and ECHO is available to student athletes as an option from their personal health care provider, but is not mandatory, and is generally not routinely recommended by either the AHA, AAP or ACC.

What is the treatment for Sudden Cardiac Arrest?

- **RECOGNIZE Sudden Cardiac Arrest**
 - Collapsed and unresponsive
 - Abnormal breathing
 - Seizure-like activity
- **CALL 9-1-1**
 - Call for help and for an AED
- **CPR**
 - Begin chest compressions
 - Push hard/fast (100/min)
- **AED**
 - Use an AED as soon as possible
- **CONTINUE CARE**
 - Continue CPR and AED until EMS arrives

All schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). Time is critical and an immediate response is vital. An AED should be placed in a location that is readily accessible. AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restart a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1,
begin CPR, and use an AED as soon as possible!***

Sudden Cardiac Arrest Acknowledgement Statement

(NAME OF SCHOOL)

I have received and read the Sudden Cardiac Arrest Information Sheet for Student Athletes and Parents/Guardians. I understand the warning signs and seriousness of sudden cardiac arrest (SCA) related to participation in athletic programs and the need for immediate evaluation for any suspected condition.

Signature of Student-Athlete

Print Student Athlete's Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date

This form is required to be completed annually prior to the student athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

Heads Up to Schools: KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
professional

A Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports *one or more* of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events *prior* to the hit, bump, or fall
- Can't recall events *after* the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD OR TEEN

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps *less* than usual
- Sleeps *more* than usual
- Has trouble falling asleep

**Only ask about sleep symptoms if the injury occurred on a prior day.*

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"


To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)



Children and teens with a concussion should **NEVER** return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care professional experienced in evaluating for concussion says they are symptom-free and it's OK to return to play. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports practices or games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. **Seek medical attention right away.** A health care professional experienced in evaluating for concussion can determine how serious the concussion is and when it is safe for your child or teen to return to normal activities, including physical activity and school (concentration and learning activities).
2. **Help them take time to get better.** If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen may need to limit activities while s/he is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms (such as headache or tiredness) to reappear or get worse. After a concussion, physical and cognitive activities—such as concentration and learning—should be carefully managed and monitored by a health care professional.
3. **Together with your child or teen, learn more about concussions.** Talk about the potential long-term effects of concussion and the dangers of returning too soon to normal activities (especially physical activity and learning/concentration). For more information about concussion and free resources, visit: www.cdc.gov/Concussion.

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot return to recreation and sports right away, or cannot keep up with schoolwork. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.



To learn more about concussion and to order materials **FREE OF CHARGE**, go to: www.cdc.gov/Concussion or call 1-800-CDC-INFO

Concussion and Head Injury Acknowledgement

Ryan Public School

(NAME OF SCHOOL)

In compliance with Oklahoma Statute Section 24-155 of Title 70, this acknowledgement form is to confirm that you have read and understand the CONCUSSION FACT SHEET provided to you by Ryan Public School related to potential concussions and head injuries occurring during participation in athletics.

I, _____, as a student-athlete who participates in
(PLEASE PRINT STUDENT ATHLETE'S NAME)

Ryan Public School

(NAME OF SCHOOL)

athletics and I, _____

(PLEASE PRINT PARENT/LEGAL GUARDIAN'S NAME)

as the parent/legal guardian, have read the information material provided to us by
Ryan Public School related to concussions and head injuries occurring
(NAME OF SCHOOL)

during participation in athletic programs and understand the content and warnings.

SIGNATURE OF STUDENT-ATHLETE

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

This form should be completed annually prior to the athlete's first practice and/or competition and be kept on file for one year beyond the date of signature in the principal's office or the office designated by the principal.

CONSENT TO PERFORM DRUG TESTING

I understand fully that my performance as a participant and the reputation of my school are dependent, in part, on my conduct as an individual. I hereby agree to accept and abide by the standards, rules, and regulations set forth by the Ryan School District.

I also authorize the Ryan School District to conduct a drug use test on a urine specimen that I will provide. I also authorize the release of information concerning the results of such a test to the superintendent or designee of the Ryan School District and to my parents and/or guardians. I understand that these results will also be made available to me.

This shall be deemed a consent pursuant to the Family Education Rights and Privacy Act for the release of the information to the parties named above.

I understand that I am free to withdraw this consent for testing. However, I also understand that should I refuse to submit to testing at the time requested, I will not be permitted to participate in any sporting program until such time as my head coach and principal shall deem appropriate.

Date: _____

Signature of Student

Signature of Parent(s) or Legal Guardian(s)

**STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR
ACTIVITIES (Cont.)**

4. **Self Referral.** A student who self-refers to the athletic director, principal, coach, or sponsor before being notified to submit to a drug test will be allowed to remain active in all extracurricular activities. However, the student will be considered to have committed his/her first offense under this policy, and will be required to retest as would a student who has tested positive.
5. **Refusal to submit to a drug test.** If a participant student refuses to submit to a drug test under this policy, such student shall not be eligible to participate in any extracurricular activity, including all meetings, practices, performances, and competition for 180 school days, upon completion of which, the participating student shall again be subject to this policy.

The cost per test is subject to change and will be determined by the board of education on an annual basis.

CROSS-REFERENCE: Policy FM, Student Activities, Eligibility
Policy FNCF, Drug-free Schools

STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR ACTIVITIES (Cont.)

4. Random tests are given weekly to participants from the pool.
5. Random selection basis means a mechanism for selecting students for drug testing that:
 - A. Results in an equal probability that any student from a group of students subject to the selection mechanism will be selected, and
 - B. Does not give the school district discretion to waive the selection of any student athlete or extracurricular activities participant selected under the mechanism.
6. Follow up tests can be weekly, at random, or any time a student who has tested positive may be under suspicion of being under the influence.
7. **Illegal drugs** means any substance that an individual may not sell, possess, use, distribute, or purchase under either federal or state law. Illegal drugs include, but is not limited to, all scheduled drugs as defined by the Oklahoma Uniform Controlled Dangerous Substance Act, all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used for an abusive purpose.
8. **Performance-enhancing drugs** include anabolic steroids and any other natural or synthetic substance used to increase muscle mass, strength, endurance, speed, or other athletic ability. The term "performance-enhancing drugs" does not include dietary or nutritional supplements such as vitamins, minerals, and proteins that can be lawfully purchased in over-the-counter transactions.
9. **Positive**, when referring to a drug use test administered under this policy, means a toxicological test result which is considered to demonstrate the presence of an illegal or a performance-enhancing drug or the metabolites thereof using the standards customarily established by the testing laboratory administering the drug use test.
10. **Reasonable suspicion** means a suspicion based on specific personal observations concerning the appearance, speech, or behavior of a student athlete or extracurricular participant, and reasonable inferences drawn from those observations in the light of experience. Information provided by a reliable source, if based on personal knowledge, shall constitute reasonable suspicion. In the context of performance-enhancing drugs, reasonable suspicion specifically includes unusual increases in size, strength, weight, or other athletic abilities.
11. **Self-referral** is when a participant believes he/she will test positive for illegal or performance enhancing drugs, prior to submission for a drug test under this policy, so notifies the principal, athletic director, coach, or sponsor of such belief.

Procedures

A physical examination signed by a parent/guardian is required before a student may participate on a school district athletic team. A urine screen to detect the presence of illegal or performance-enhancing drugs which could have a harmful effect on the prospective athlete's health and athletic performance will be included as part of that physical examination.

**STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR
ACTIVITIES (Cont.)**

Student participants in extracurricular activities shall be provided with a copy of this policy and an extracurricular activities student drug testing program consent form that must be read, signed, and dated by the student, parent or custodial guardian, and coach/sponsor before a participant student shall be eligible to practice in any extracurricular activity. The consent shall provide a urine sample (a) at the beginning of each school year or when the student enrolls in an extracurricular activity; (b) as chosen by the random selection basis; and (c) at any time requested based on reasonable suspicion to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed consent form.

All extracurricular activities participants shall be required to provide a urine sample for drug use testing for illegal drugs and/or performance enhancing drugs. Extracurricular participants who move into the district after the school year begins will have to undergo a drug test before they will be eligible for participation.

Drug use testing for extracurricular participants will also be chosen on a weekly selection basis from a list of all extracurricular participants in off-season or in-season activities. The school district will determine a weekly number of students' names to be drawn at random to provide a urine sample for drug use testing for illegal or performance-enhancing drugs.

In addition to the drug test required above, any extracurricular participant may be required to submit to a drug use test for illegal drugs or performance-enhancing drugs or the metabolites thereof at any time upon reasonable suspicion by the athletic director, principal, sponsor, or coach of the student.

The school district will determine any necessary fees to be collected from students who are drug tested and when those fees will be collected. The cost of subsequent tests will be borne by the school district or appropriate activity fund.

Any drug use test required by the school district under the terms of this policy will be administered by or at the direction of a professional laboratory chosen by the school district that uses scientifically validated toxicological methods. The professional laboratory shall be required to have detailed, written specifications to assure chain of custody of the specimens, proper laboratory control, and scientific testing.

All aspects of the drug use testing program, including the taking of specimens, will be conducted to safeguard the personal and privacy rights of students to a maximum degree possible. The test specimen shall be obtained in a manner designed to minimize intrusiveness of the procedure. In particular, the specimen must be collected in a restroom or other private facility with an enclosed stall or stalls. The athletic director/sponsor shall designate a coach or other school employee of the same sex as the student to accompany the student to a restroom or other private facility. The monitor shall not observe the student while the specimen is being produced, but the monitor shall be present outside the stall to listen for the normal sounds of urination in order to guard against tampered specimens and to ensure an accurate chain of custody. The monitor shall verify the normal warmth and appearance of the specimen. If at any time during the testing procedure the monitor has reason to believe or suspect that a student is tampering with the specimen, the monitor may stop the procedure and inform the athletic director/sponsor who will then determine if a new sample should be obtained. The monitor shall give each student a form on which the student may list any medications he/she has taken or is taking or any other legitimate reasons for having been in contact with illegal drugs or performance-enhancing drugs in the preceding 30 days. The parent or legal guardian shall be able to confirm the medication list submitted by their child during the 24 hours following any drug test. The medication list shall be submitted to the lab in a sealed and confidential envelope.

**STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR
ACTIVITIES (Cont.)**

If the initial drug use test is positive, the initial test result will be subject to confirmation by a second and different test of the same specimen. The second test will use the gas chromatography/mass spectrometry technique. A specimen shall not be reported positive unless the second test utilizing the gas chromatography/mass spectrometry procedure is positive for the presence of an illegal drug or the metabolites thereof. The unused portion of a specimen that tested positive shall be preserved by the laboratory for a period of six months or to the end of the school year, whichever is shorter. Student records will be retained until the end of the school year.

Confidentiality

If the drug use test for any student has a positive result, the laboratory will contact the athletic director or designee with the results. Procedures for maintaining confidentiality will be practiced. The athletic director or designee will contact the principal, the student, the head coach/sponsor, and the parent or custodial guardian of the student and schedule a conference. At the conference, the student will be given the opportunity to submit additional information to the athletic director or to the lab. The school district will rely on the opinion of the laboratory that performed the test in determining whether the positive test result was produced by other than consumption of an illegal drug or performance-enhancing drug. Under no circumstance will results from a drug test under this policy be turned over to any law enforcement officer or agency.

Appeal

A student who has been determined by the athletic director or designee to be in violation of this policy shall have the right to appeal the decision to the superintendent or the superintendent's designee(s). Such appeal must be lodged within five business days of notice of the initial report of the offense as stated in this policy, during which time the student will remain eligible to participate in any extracurricular activities. The superintendent or designee(s) shall then determine whether the original finding was justified. There is no further appeal right from the superintendent's decision and the decision shall be conclusive in all respects. Any necessary interpretation or application of this policy shall be in the sole and exclusive judgment and discretion of the superintendent, which shall be final and nonappealable.

Consequences

1. **First positive test.** The student will be suspended from participation in all extracurricular activities for two weeks. The student and parent/guardian must attend counseling two times during the suspension period and one follow-up session. Counseling will consist of a session with the Ryan Public Schools counselor and a session with a counseling service provided by the school. Follow-up sessions may be with one or both counselors.
2. **Second positive retest.** The student will be suspended from participation in any extracurricular activity for the remainder of the semester.
3. **Third positive retest.** The student will be suspended from participation in any extracurricular activity for 180 school days.

**STUDENT DRUG TESTING PROGRAM, EXTRACURRICULAR
ACTIVITIES (Cont.)**

4. **Self Referral.** A student who self-refers to the athletic director, principal, coach, or sponsor before being notified to submit to a drug test will be allowed to remain active in all extracurricular activities. However, the student will be considered to have committed his/her first offense under this policy, and will be required to retest as would a student who has tested positive.
5. **Refusal to submit to a drug test.** If a participant student refuses to submit to a drug test under this policy, such student shall not be eligible to participate in any extracurricular activity, including all meetings, practices, performances, and competition for 180 school days, upon completion of which, the participating student shall again be subject to this policy.

The cost per test is subject to change and will be determined by the board of education on an annual basis.

CROSS-REFERENCE: Policy FM, Student Activities, Eligibility
Policy FNCF, Drug-free Schools

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION ("PHI")

Patient Name: _____

Medical Record #: _____

Date of Birth: _____

Social Security #: _____

I hereby authorize the **Oklahoma State Department of Health ("OSDH")** to release the following information to:

Ryan Public Schools 1201 Washington Ryan, OK 73565 _____

Name and Address of School or Organization

and **FAME Academy 310 Ash Ave, Comanche, OK** _____

Name and Address of Alternative School or Organization

Information to be shared:

Medical information relating to a positive confirmation of the novel coronavirus (SARS-CoV-2 or COVID-19) in the patient named above.

The information may be disclosed for the following purpose(s) only:

To notify the school that the patient attends in order for the school and OSDH to take measures that prevent the further spread of the coronavirus.

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of the PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use or disclose information, I can revoke this authorization at any time. The revocation must be made in writing to the person/organization disclosing the information and will not affect information that has already been used or disclosed.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect the eligibility for benefits, treatment, enrollment or payment of claims.
- The medical information may indicate that the patient has a communicable and/or non-communicable disease which may include, but is not limited to diseases such as the novel coronavirus, hepatitis, syphilis, gonorrhea or HIV or AIDS and/or may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.
- I understand I may change this authorization at any time by writing to the person/organization disclosing the PHI.
- I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by the Privacy Regulation.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon the occurrence of the following event: _____

Signature of Patient or Legal Representative

Date

Description of Legal Representative's Authority

Expiration date (if longer than one year from date of signature or no event is indicated)