

DISTRICT #2 ACTIVITY CHEMICAL PROCEDURE

The Grand Island Senior High School administration, coaches, and sponsors hold the students involved in activities to a higher standard, as they represent not only themselves, but their school and community, as well. GISSH expects all athletes and activity participants to be drug and alcohol free, and to understand that it is a privilege, not a right, to be involved in high school activities. The following applies to all GISSH activity participants.

Philosophy and Purpose... A lifestyle free from the influence of drugs and alcohol is a responsible and healthy choice. Decisions related to this issue are extremely important and do have a direct correlation with student success. Students, parents, and the school all share responsibilities in the development of these important student choices. Grand Island Senior High will continue to endorse and support a lifestyle for students that is free from the influence of alcohol and drugs. However, when students choose to use drugs, tobacco, or alcohol, their levels of performance are diminished. Therefore, these rules and consequences, and a program of education and support, are offered in an attempt to foster a chemical-free lifestyle.

Specific Rule... The student shall not be involved with alcohol, tobacco, or illegal drugs. During the school year, or in the summer whenever a student is representing GISSH at an activity, a student shall not, regardless of quantity, use, consume, or have in their possession, alcohol, tobacco, or controlled substances (with exceptions as outlined by state statutes 53-168.06, 53-180.2). Students shall not buy, sell, or give away alcohol, tobacco products, controlled substances, or look-alikes. It is not a violation for a student to be in possession of or use a controlled substance specifically prescribed for the student by his or her doctor. Consequences shall be cumulative grade 9-12 regardless of attendance excuse. Methods for verification of rule violation: e) Requested by the police for tobacco/alcohol/drug-related offense; b) Admission by the student involved; c) Violation witnessed by school personnel; d) Other overwhelming evidence that the rule violation took place.

Procedure Prior to Suspension... In the event that this policy is violated and a student is to be suspended from an activity, the following process shall be initiated: 1) The student shall be notified of the alleged rule violation in a meeting with school officials. At that meeting, the student and the school officials will discuss the details of the alleged violation, and the ensuing consequences. The student shall have an opportunity to present information related to the incident. 2) Parents of the student shall also be notified of the violation and consequences. School officials will summarize the details related to the incident and then advise the student and parents of the action that will be taken. 3) The student and parents shall be afforded full opportunity to make any statements or request explanations related to the incident. The building principal shall issue a decision related to suspension. 4) This decision is final and binding on all parties.

Consequences for Violations of the Rule... After confirmation of the violation, in addition to established state statutes and local school policies, the student shall be suspended from all school activities for a specified number of school calendar days starting from the date of the confirmation. Those students involved in a school-sponsored activity will be required to attend and participate in all practice sessions during the time of suspension. They may also be required to attend their scheduled activity.

Consequences for drug and alcohol violations are as follows: First Violation - Fourteen-day (14) suspension from school activities. In addition, the student will be required to attend and complete an educational program endorsed by the school. The school may require the student to participate in a professional evaluation. Second Violation - Twenty-eight day (28) suspension from school activities. In addition, the student will be required to show evidence that she has sought and received counseling from a professional individual (i.e. school alcohol/drug counselor, psychiatrist, psychologist, etc.). The school may require the student to participate in a professional evaluation. Third Violation - Suspension from school activities for one year. In addition, the student will be required to complete a professional evaluation and program for chemical dependency. Verification of completion of the chemical dependency treatment program must be provided in writing by the director or counselor of the dependency center prior to reinstatement of the student.

Consequences for tobacco violations are as follows: First Violation - Seven-day (7) suspension from school activities. In addition, the student will be required to complete the GISSH In-House Educational Tobacco Packet. Second Violation - Fourteen-day (14) suspension from school activities. Third Violation - Twenty-eight-day (28) suspension from school activities. Fourth Violation - Suspension from school activities for one year.

Student Self-Report Option... If the student "self-reports" to the coach/sponsor or principal within three (3) school days of the rule violation, the suspension will be reduced to seven (7) days for the first drug/alcohol violation, and fourteen (14) days for the second violation. No self-report option will be available for a third drug/alcohol violation, or any tobacco violation.

Appeal Process... After a ruling of ineligibility resulting in suspension from activities has been made, a student and a student's parents may formally appeal the decision, in writing, to the superintendent of schools, provided an appeal is received five (5) days from the first day such ineligibility shall take effect.

GISS Physical Clearance to Compete

Parent/Athlete Complete

Name _____ Sex _____ Age _____ Date of Birth _____
 School: _____ Grade (next year): _____
 Student's Address: _____
 Parent/Guardian Name: _____
 P/G Address (if different): _____ Phone: _____
 Family Physician: _____
 IMMUNIZATIONS (e.g., tetanus/diphtheria, measles, mumps, rubella, hepatitis A, B, Influenza, poliovaccines; pneumococcal; meningococcal; varicella)
 _____ Up to date _____ Not up to date Specify _____
 Has anyone in your family died of "sudden death"? Yes _____ No _____
 What daily medications do you currently take? _____
 Have you ever suffered a concussion? Yes _____ No _____
 If yes, date of most recent concussion: _____
 Allergies _____

Physician Complete

Cleared without restriction
 Cleared, with recommendations for further evaluation or treatment for:

 Not cleared for _____ All sports _____ Certain sports: _____
 Reason: _____
 Name of physician (print/type) _____ Date _____
 Signature of physician _____ MD or DO

GIPS Student and Parent Consent Form/Stays on File with GIPS

Parent/Athlete Complete

School Year 201-201 School

Name of Student:

Date of Birth:

Place of Birth:

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above named Student and are collectively referred to as "Parent"

The Parent and Student Herby:

(1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;

(2) Understand and agree that (a) by this Consent Form the NSAA has provided notification to the parent and Student of the existence of potential dangers associated with athletic participation; (b) participation in any athletic activity may involve injury of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, or catastrophic injuries to the head, neck and spinal cord; and on rare occasions, injuries so severe as to result in total disability, paralysis and death; and, (d) even with the best coaching, use of the best protective equipment, and strict observance of rules, injuries are still a possibility;

(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA by-laws and rules interpretations for participation in NSAA sponsored activities, and the activities rules of the NSAA member school for which the Student is participating; and,

(4) Consent and agree to the Student being photographed, video taped, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.

I acknowledge that I have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities.

DATED this _____ day of _____

Name of Student (Print Name)

Student Signature

(I am) (We are) the Student's (Parent) (Guardian), (I) (We) acknowledge that (I) (We) have read paragraphs (1) through (4) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletic activities. Having read the warning in paragraph (3) above and understanding the potential risk of injury to my Student, I (We) hereby give (my)(our) permission for (insert student name) to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Baseball	Golf	Tennis	Play Production	Basketball	Swimming/Diving
Track	Football	Speech	Cross Country	Soccer	Volleyball
Musio	Softball	Wrestling	Debate	Journalism	

Furthermore, we authorize the above-named student to accompany school groups as a member on any local or out-of-town trips. We authorize the school to obtain, through a physician of choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I also agree that neither the school, nor its representatives will be held responsible for any injury to the named students in the course of such activity or travel.

We have read and understand the District #2 Activity Chemical Procedure on the reverse side of this sheet. We understand that violation of any of the rules in that policy will be cause for disciplinary action.

Our student is covered by the _____ Insurance Company.

OR...

We will purchase the insurance offered by the school.

DATED this _____ day of _____

Parent/Guardian Signature

Parent/Guardian Signature