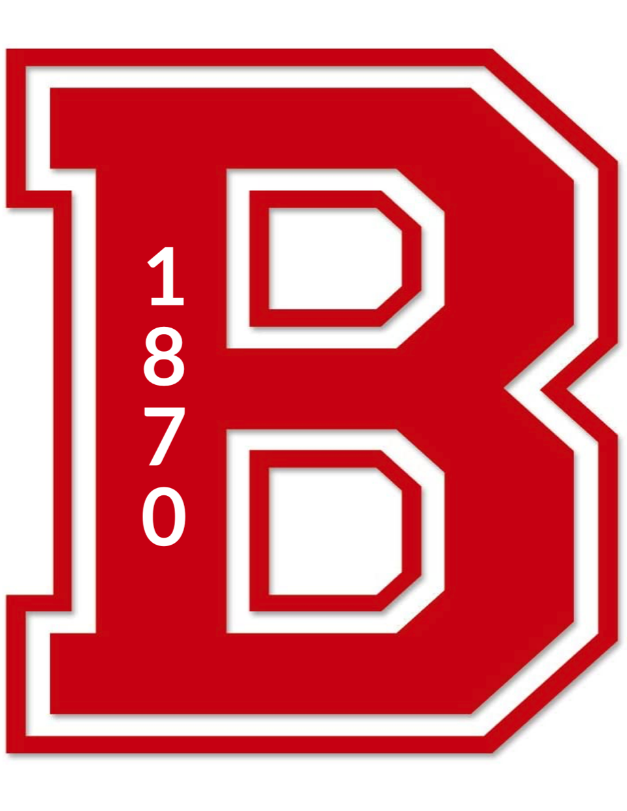
Bucyrus City Schools

Athletic Handbook



Matt Makeever, Athletic Director

Bucyrus High School 900 West Perry Street

Bucyrus, Ohio 44820

419.562.2739

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## GENERAL COACHING GUIDELINES

The strength of any athletic program lies with its coaches. A good coach will never allow himself to be in a position of repeated criticism because of dress, behavior, hair, or language. He/She will strive to be, in the eyes of his/her athletes, fair and consistent. The good coach will stress discipline in all phases of their sport and emphasize fundamentals at all times. He/She will give equal amounts of praise and constructive criticism and will have an open mind and a short memory. In other words, you are a PARENT away from home.

1. Promote good public relations whenever possible; The Golden Rule applies when dealing with other schools; whatever we do, we do it with class; It is counter-productive to become bulletin board material with an opponent;
2. Be cooperative but cautious with the media;
   1. On road Trips: Leave the locker room better than you found it.
   2. State Law-Do Not eat on the bus.
   3. Use seating chart (see appendix).
   4. Pick up and deposit all trash before unloading. Responsibility for a group of team members remains with the coach until all members have dressed and left the school grounds.
3. See that all OHSAA, Bucyrus Athletic Council, and Bucyrus Board of Education policies are complied with.
4. Assume responsibility for the conduct of all players at all times. Misconduct, such as rough-housing, improper language, or the hazing of other players, cannot and will not be tolerated.
5. Be present at all times during practices and contests.
6. Assume responsibility for securing the building and/or facilities including the weight room. Your locker room and office should be locked whenever you are not there.
   1. If you are the last person in the building:
      1. turn off the lights,
      2. lock all doors, and
      3. Set the alarm.
   2. The weight room should be left in better condition than you found it. Put all weights back in their proper place and pick up all trash. The next group scheduled should be able to begin their workout without having to restore order.
7. Accompany the team to and from all road contests including bus trips.
8. Attend to all injuries; file a medical report on any injury (keep on file through graduation): DO NOT diagnose/ recommend a specific doctor, nor recommend a specific medical institution due to liability and insurance complications.
9. Work closely with the Athletic Director with sports schedules, assigning officials, and transportation needs.
10. Assistant coaches should:
    1. follow all instructions and plans of the head coach,
    2. cooperate in the implementation of the program as it pertains to your level of coaching,
    3. scout all games according to the scouting schedule as outlined by the head coach,
    4. submit complete and accurate reports and
    5. Attend all scouting meetings pertaining to the teams that you scouted.
11. Summer Camp Forms and Summer Schedule involving use of the school facilities should be submitted to the Athletic Director by April 15th each year.
12. Transportation needs in regards to your schedule should be confirmed with the Athletic Director prior to the season. ~~submitted to the Athletic Director by June 1st each year.~~ Special transportation needs should be submitted to the Athletic Director at least one month in advance.
13. The High School Commons Area is off-limits to athletes during after-school hours unless supervised by their coach. The rest rooms are not dressing rooms-athletes must use their assigned locker rooms:
    1. BHS Football- Annex LR
    2. BMS Football- Boys Varsity LR
    3. Boys Cross Country-Boys P.E.
    4. Girls Cross Country – Girls P.E.
    5. Volleyball – Varsity L.R.
    6. Girls Basketball – Varsity L.R.
    7. Boys Basketball-Varsity L.R.
    8. BHS Wrestling-Annex L.R.
    9. Softball – Annex Girls L.R.
    10. Girls Track – Girls P.E.
    11. Boys Track-Varsity L.R.
    12. BMS Wrestling-Annex L.R.
    13. Baseball- Varsity L.R.
    14. Boys Tennis-Boys P.E.
    15. On non-school days and after 3:00 PM on school days, athletes should enter and exit the high school building through the Northwest exit door located in the varsity locker-room hallway.
14. Coaches must be aware that they have a tremendous influence, good or bad, in the education of the student-athlete and, thus, should never place the value of winning above the value of instilling the highest desirable ideals of character.
15. Coaches must constantly uphold the honor and dignity of the profession. In all personal contact with athletes, officials, administrators, OHSAA, media, and the public, the coach shall strive to set an example of the highest ethical and moral conduct.
16. Coaches shall take an active role in the prevention of drug, alcohol, and tobacco abuse and under NO CIRCUMSTANCES should authorize their use.
17. The coach shall promote the entire interscholastic athletic program and direct his or her program in harmony with the total school program. Coaches SHALL NOT promote their sport to any athlete while that athlete is in- season with another sport. Furthermore, athletes shall not be involved in other sports without the knowledge and consent of the coach of the sport in which they are currently participating. Recreational sports such as skiing, motto-cross, family outings, batting cages, clinics, etc., are discouraged, as the commitment to a team should take precedent over the potential for injury. However, the ultimate decision of how the athlete spends his/her own time is a matter between the athlete and his/her parent(s). No coach shall penalize any student-athlete for participation in recreational activities during the season. Students will have varied interests and should have the opportunity to participate in as many activities as possible. Coaches are expected to cooperate with other activities, i.e., band, drama, etc., and not place young people in a position of choice. There are values to be gained from those activities just as well as in athletics, and as coaches, we should be supportive of young people in that regard.
18. The coach shall be thoroughly acquainted with the contest rules and is responsible for their interpretation to team members. The spirit and letter of rules should be regarded as mutual agreements. The coach shall not try to seek an advantage by circumvention of the spirit or letter of the rules.
19. Coaches shall actively use their influence to enhance sportsmanship by their spectators, working closely with cheerleaders, booster clubs, and administrators.
20. Contest officials shall have the respect and support of the coach. The coach shall not indulge in conduct that will incite players or fans against the officials. The public criticism of officials or players is unethical.
21. Before and after contests, opposing coaches should meet and exchange friendly greetings to set the tone for the event.
22. A coach shall not exert pressure on faculty members to give student-athletes special consideration.
23. It is unethical for coaches to scout opponents by any means other than those adopted by the N10 and/or the O.H.S.A.A.
24. Keys are the responsibility of each coach and under NO circumstances should they be loaned to students.
25. All requests of the boosters should be directed through the athletic director. The boosters meetings are conducted on the second Monday of the month @ 7:00 PM.
26. Notify all newspapers, radio stations, etc., of game results within a reasonable time following the contest.
    1. Mansfield News Journal: 1-800-472-5547 522-2672(FAX) Night 522-9179
    2. TV-68 Mansfield 529-5900 529-2319(FAX)
    3. Bucyrus Telegraph Forum 562-3333 562-9162(FAX)
    4. Bucyrus WQEL-WBCO 562-2222 562-0520(FAX)
27. No one is permitted in the training room without the trainer present. Students are not permitted in equipment storage areas at any time.
28. Assigned uniforms should be worn at contests or at school on days of contests. They are not to be worn in public or on any other occasion.
29. Responsible for the care of coaching shirt (uniform) for the useful life of the shirt. If the coaching shirt still has value when the coach leaves the school district the coach is responsible for returning the shirt or the monetary value of the shirt.
30. Head Coaches are responsible for maintaining weekly grade checks on their athlete’s academic progress. The coach should submit their expected rosters to the Data Entry Secretary at the beginning of the year. This can be updated at the beginning of the season. If there are any concerns in the student-athlete’s weekly academic progress report the coach will address the areas that need attention. Steps in the coach’s action-plan may include but is not limited to:
    1. Student-athlete communication/conference
    2. Teacher communication/conference
    3. Parent communication/conference
    4. Guidance/Administration communication/conference
    5. Assignment to Academic Intervention.

## COACH’S RESPONSIBLE FOR PREVENTIVE PROCEDURES

1. It is assumed that the coach will be a positive role model for his/her athletes throughout all practice sessions and games. This would include providing proper example of sportsmanlike attitude toward opposing teams and coaches. Negative motivational techniques meant to inspire a team are considered detrimental to overall sportsmanship and to the team preparation for a particular game. The coach’s conduct at an athletic event should provide proper sportsmanship for and by his/her team as follows:
   1. The athletes should be taught to avoid physical confrontations with members of the opposing team.
   2. Players should be taught that, should one of their teammates become involved in a physical confrontation, all others are to avoid becoming involved in that physical confrontation, even under the guise/excuse of trying to separate them.
   3. Players should be taught that if a confrontation does occur on the field or court, the coaches and officials would separate the involved individuals.
   4. The head coach should direct the assistant coach to assume immediate responsibility for those athletes on the bench who are not involved in the physical confrontation and verbally instruct them to remain in the bench area.
   5. Coaches should forewarn all athletes on their teams that involvement in a physical confrontation will result in consideration of not only removing the athletes from the event for the day, but also the possible suspension from subsequent games.
   6. The behavior of the coach must at all times be marked by dignity and self-control. He/She should not, at any time, use obscene/provocative language or engage in any unsportsmanlike actions or tactics. He/she must avoid any actions or remarks that would tend to incite the displeasure of the spectators or provoke disorderly behavior.
   7. The coach will immediately discipline any player who intimidates an official, or displays unsportsmanlike behavior.
   8. Coaches must control their emotions when displeased with an official’s call.
   9. Coaches should never seek out an official during halftime or at the conclusion of a contest.
   10. Coaches shall never resort to any type of physical intimidation or touching of players, coaches, officials, or public.

BEGINNING OF SEASON REQUIREMENTS PRIOR TO FIRST PRACTICE

1. All eligibility requirements must have been established.
2. Require that each player have a thorough physical examination by a doctor. The physical as well as parents’ consent are on file.
3. Establish a file of Emergency Medical Authorization forms and keep them with you at all times (Digital copies are available on FinalForms).
4. Each player should receive and agree to approved training regulations, team rules, and Code of Conduct; the signed agreements should be on file with the athletic director. Rules should include any dress code, awards criteria, etc.
5. Each athlete should have a completed insurance waiver on file stating that the athlete has purchased school insurance or have waived school insurance due to adequate coverage through his or her parents’ policy.
6. Coaches must have completed and/or have the following on file in the Board of Education prior to having any contact with student-athletes:
   1. coaching application,
   2. sports medicine certification,
   3. CPR certification,
   4. FBI/BCI background check fingerprinting,
   5. Coach’s Education Class Completion
   6. Concussion Certification from NFHS see nfhslearn.com
   7. Payroll paperwork.

PRIOR TO FIRST CONTEST

1. Assume responsibility for the use, care, and storage of all athletic equipment of your team; use equipment issue form.
2. Maintain an up-to-date profile card on each player including name, phone number, address, parents’ names, birth date, strengths, weaknesses, and projection; assistant coaches should submit these with season report to the head coach at the end of the season.
3. Submit an alphabetized roster to the athletic director at least ten (10) days before the first contest.
4. Confirm that each athlete is listed and eligible on the OHSAA Official Eligibility Certificate before allowing participation in contests.
5. Submit program information by the designated date.
6. The head coach should file with the athletic director a detailed plan of his/her program that states the requirements at each level, that is, the skills and concepts taught at each level. The plan should also provide the various methods of evaluation used to insure that the requirements are being fulfilled.
7. Attend OHSAA required rules interpretation meeting.
8. Conduct a meeting with the parent(s) of your athletes where you will focus on your rules, guidelines, expectations, and allow for questions as well as what parents can expect from you.

END OF SEASON REQUIREMENTS

1. Complete an evaluation in triplicate of each player: one copy to the player and two copies to the players’ coach the next season.
2. Complete an inventory of all supplies and equipment including quantity, size, and condition (use inventory form); submit to the athletic director.
3. Submit a report of your season including individual and team statistics, season highlights, present stature and projection of your program, and your concerns with regards to your staff.
4. Head coach and assistant coach evaluation forms submitted to the athletic director at end of the season meeting.
5. Submit payroll authorization forms to the athletic director.
6. List of awards and athletes as well as special award winners should be submitted at least ten days prior to the banquet.
7. ~~Submit all emergency medical authorization forms to the athletic director~~.
8. Submit budget needs for next season to the athletic director.
9. Attend ~~N10 All-League and~~ All-District (if applicable) Selection meetings. Complete voting for N10 via email.
10. Collect all equipment; an athlete is not eligible for the next sport until all equipment has been turned in.
11. OFF-SEASON: Physical cards and emergency medical authorization should be on file in the school office prior to allowing any athlete to participate in open gyms, open pool, weight training and conditioning.

BUDGET/PURCHASING

1. The budget is determined by
   1. coach’s prioritized budget needs request form,
   2. projected revenue, and
   3. overall projected expenses
2. Fund raising and Athletic Boosters are used for those needs not included in the budget.
3. The athletic director will monitor spending to insure that needs are not neglected.
4. The athletic director is responsible for purchase orders (requisitions).
5. The head coach deals with salesmen and verifies that all components of the order are in place. Local merchants should have equal opportunity at getting the order.
6. The head coach determines how the money is spent.
7. Requisition must be submitted prior to the order.
8. REMEMBER: PO (requisition) date must be prior to invoice date.
9. Mileage, clinic fees, tournament tickets, etc., can be purchased if the sports’ budget has available money to do so.
10. Individual checking accounts are PROHIBITED.

SUMMER CAMPS

1. Complete facility rental forms~~-no cost.~~
2. Request board approval through the athletic director.
3. Complete fund raising form. 4. Record and receipt all campers.
4. All collection of money must be turned into the athletic director and will be deposited in your programs fund raising account.
5. Turn in a purchase order requisition form for all expenses.
6. Complete fund raising form.
7. ~~Turn in athletic time sheet for the coaches.~~

SUMMER TEAMS CAMPS/SHOOT-OUTS/SUMMER LEAGUES

1. Inform the athletic director at least one month ahead of the following:
   1. What group(s) will be attending, where, and for what?
   2. Date(s) of the activity.
   3. Cost of the activity and how it is going to be paid. (ie. athletes, fund raising, boosters, etc.)
   4. Request transportation.
2. Complete facility rental form, if hosting.
3. Request board approval through the athletic director.
4. All collection of money must be turned into the athletic director and will be deposited in your programs fund raising account.
5. Turn in a purchase order requisition form for all expenses, such as cost of camp/shoot-outs, and state when the money is due.
   1. Turn in an invoice for the amount of the camp/shoot-out.

OPEN GYMS/WEIGHT LIFTING

1. Request dates and times through the athletic director.
2. Each sport is required to have both an in-season and off-season weight program. Expectations are to take athletes to the weight room to lift at least twice a week in-season. Off-season the coach should encourage athletes to lift and check attendance periodically.
3. In season lifting should be scheduled with the Athletic Director and recorded on the lifting calendar.

ATHLETIC ACTIVITIES ON SNOW DAYS

1. Practices will not begin before 12:30 PM. This will allow the superintendent make a decision for practices for that day. In addition, it allows time for the roads and parking lots to be cleared.
2. It is to be understood that athletes may not be able to attend practice due to the weather and/or weather related circumstances. Athletes will not be penalized for missing practice due to weather.
3. The Superintendent in cooperation with the athletic director will make a determination to play or cancel contests based on route, distance, weather forecast, etc.
4. Decisions on playing or cancelling home contests will be determined by the administration and the willingness of the opponent to travel.
5. No team is to practice without prior approval of the athletic director.

MEAL MONEY LIMITS

1. Meal money is limited to the first-qualifying postseason tournament and beyond with a maximum of $15.00 per day per individual and, if less than three meals for the day, the money will be allocated at:
   1. $3.00 – Breakfast
   2. $5.00 – Lunch
   3. $7.00 – Dinner
2. Other expenses must be approved by the athletic director.

BLOOD BORNE PATHOGENS CONTROL POLICY

Bucyrus City Schools is committed to providing a safe working environment and requires an awareness of the responsibility that employees and management share for health and safety.

Bucyrus City Schools recognizes that all employees have a right to be informed and aware of the hazards within their work area and shall have access to pertinent safety information.

The Blood Borne Pathogens Exposure Control Plan includes policies, procedures, and listed responsibilities designed to develop an awareness of potential occupational exposure to Blood Borne Pathogens. This plan will assist employees with making knowledgeable decisions about any personal risk of employment.

It is the policy of the Bucyrus City Schools to take all practical steps to provide a safe working environment for its employees and to meet Federal Occupational Safety and Health Standards as described in 29 CFR 1910.1030.

BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN EXPOSURE DETERMINATION

1. The following Job Classifications are determined to be at Exposure Category I meaning employee job description includes tasks that involve exposure to blood, body fluids, or tissues.
   1. School Nurse (first aid facilitator)
   2. SBH Teacher (handles sometimes unruly students)
   3. Aides or Teacher of SBH students (assist SBH Teacher)
   4. Bus Drivers of Handicapped students (handles unruly students)
   5. Substitutes of the above listed position (same reasons)
2. The following Job Classifications are determined to be at Exposure Category II meaning employ job description involve no exposure to blood, body fluids, or tissues but employment may require performing unplanned Category I tasks as a condition of employment.
   1. Custodians and Substitute Custodians (handles injured students)
   2. Playground Aides (handles injured students)
   3. Physical Education Teachers (handles injured students)
   4. Principals & Assistant Principals (handles injured students)
   5. Sports Team Coaches (handles injured students)
   6. Bus Drivers of Non-Handicapped students (handles injured students)
   7. Elementary School Secretaries (handles injured students)
   8. Substitutes of the above listed positions (same reasons)
3. The following Job Classifications are determined to be at Exposure Category III meaning job description involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment.
   1. Housekeepers or Cleaning Personnel (no direct contact BBP)
   2. Cafeteria Cooks, Cashiers, Clerks (no direct contact BBP)
   3. Library Aides (no direct contact BBP)
   4. Classroom Teachers (no direct contact BBP)
   5. Secretaries, Non Elementary (no direct contact BBP)
   6. Central Office Administrators (no direct contact BBP)
   7. Guidance Counselors (no direct contact BBP)
   8. Non-Handicapped Teachers’ Aides (no direct contact BBP)
   9. Substitutes for the above listed positions (no direct contact BBP)
4. Only the Nurse has responsibility to provide first aid to fellow employees as part of their job description.

IMPLEMENTATION, SCHEDULE AND METHODOLOGY COMPLIANCE METHODS UNIVERSAL PRECAUTIONS:

All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

1. Wash hands after contact with persons and immediately after contact with blood, body fluids, or human tissue.
2. Gloves are to be worn when handling all persons’ secretions and excretions.
3. Needles and sharps are to be immediately discarded in rigid impervious containers. Needles are not to be cut, recapped or manipulated in any manner after use.
4. Mouth pieces, disposable resuscitative face masks, and ambu bags are readily available for ventilation during resuscitation in school setting when possible.
5. Gowns should be worn when the possibility of clothes contamination exists.
6. Face protection is used when performing tasks that are likely to subject the employee to aerosolized secretions, splashes, or sprays.

ENGINEERING CONTROLS AND WORK PRACTICE CONTROL

1. Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. If occupational exposure remains after these controls are in place, personal protective equipment will also be used to prevent exposure. Engineering Controls to be used include:
   1. Sharp disposal containers for sharps disposal.
   2. Plastic bags for containing potentially infectious wastes.
   3. Rubber gloves for cleaning body fluid spills.
   4. Appropriate Antiseptic Hand Cleaners.
   5. Flushing facilities.
2. Work Practice Controls to be used include
   1. Proper hand washing.
   2. Labeling infectious waste container and storage areas.
   3. Disinfecting areas where bodily fluids once existed.
   4. All engineering and work practice controls are topics for training sessions in the Blood Borne Pathogens Program.
3. Work Areas Restrictions, Specimens, Contaminants
   1. In areas where blood is present (i.e., areas where an injury involving blood has occurred or area where employees report after being injured.) Employees are not to eat, drink, apply cosmetics, or lip balm, smoke, or handle contact lenses. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which will be used in the district to accomplish this goal are:
      1. All equipment, environmental, and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials. This cleaning includes waste removal and disinfestations of all surfaces with an EPA registered disinfectant solution or a 1:10 dilution of freshly mixed household bleach. Any equipment used shall be decontaminated after each use.
      2. Broken glass will not be picked up directly with the hands. Brushes, dust pans, tongs, forceps, or other mechanical devices shall be used.
      3. Potentially infectious wastes shall be labeled and put in leak-proof plastic bags which are puncture resistant.
      4. Potentially infectious waste containers used will be lined with such bags.
4. Personal Protective Equipment
   1. All personal protective equipment used by this district will be provided at no expense to employees. Personal protective equipment shall be chosen based on anticipated exposure to blood or other potential infectious materials.
      1. Gloves will be worn in any situation where it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious fluids or materials. Proper use of gloves will be a topic in the BBP training session.
      2. Masks and/or eye protection shall be worn any time eye or facial protection is required. Proper use of masks and eye protection will be a topic in the BBP training session.
      3. Gowns or other protective body covering shall be worn in any situation where there is occupational exposure. Proper use of body covering will be a topic in the BBP training session. All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to the employees.
   2. All repairs and replacements will be made at no cost to the employees. Laundry contaminated with blood or OPIM’S will be handled as little as possible and placed in the appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. All contaminated laundry will be laundered at a private laundry service whose name and phone number shall be posted in the nurses’ clinic. The laundry service accepting the laundry shall be properly notified in accordance with section (d) of the BBP standard.
5. Hepatitis B Vaccine
   1. Employees in Exposure Categories I and II are encouraged to receive the Hepatitis B vaccination series at the expense of the Board of Education. The initial injection of the series shall be available after formal information and training on Blood Borne Pathogens has been received. Employees with occupational exposure who choose not to take the Hepatitis B vaccination series must sign a declination form but may choose to take the vaccination at a later date. To begin a postponed vaccination, the employee must notify the Superintendent’s Office in writing of the decision to begin the vaccination series. The vaccination will be offered within 10 working days of the person’s initial assignment to work involving the potential for occupational exposure to blood or OPIM’S unless the employee has previously had the vaccine. Persons exposed that may have conditions requiring special precautions as determined by their personal physician should consult with their personal physician for determination of the appropriateness of the vaccination. Employees receiving or refusing the vaccination series must sign an informed consent form found in the Safety Officers Office.
6. Post Exposure Evaluation and Follow Up
   1. When an employee incurs an exposure incident, it should be reported to the Safety Officer. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up which includes the following:
      1. Documentation of the route of exposure and circumstances related to the incident.
      2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
      3. Results of the testing of the source individual will be made available to the exposed employee with the exposed employee informed about applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
      4. The employee will be offered the option of having their blood collected for testing of the employees’ HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decided prior to that time that testing will or will not be conducted, then the appropriate action can be taken and the blood sample discarded.
      5. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert to and to report any related experience to the Safety Officer.
7. Training
   1. Training to all employees in Exposure Category I and II shall be conducted prior to initial assignment of tasks where occupational exposure may occur. All Training will be done by ACT Environmental trainers and will meet requirements outlined in the OSHA Standard For Blood Borne Pathogens.
8. Record Keeping
   1. Accurate medical records for each employee with occupational exposure will be maintained by the Safety Officer. This record will include:
      1. Name and Social Security Number of exposed employee.
      2. Copy of employees’ Hepatitis B Vaccination status including dates of vaccination.
      3. Copies of results or examinations.
      4. The employers’ copy of the health care professional’s written opinion.
      5. A copy of information provided by the health care professional. All Employee medical records will be kept confidential.
9. Annual Review
   1. Sylcom Safety Specialists will provide incident/accident profile information gleaned from incident/accident records maintained in the incident/accident database. In addition, Sylcom Safety Specialists will provide staff survey documentation in the Exposure Control Plan.

## Post-Exposure Evaluation and Follow-Up Checklist

The following must be done if an employee has an exposure incident as defined by the Exposure Control Plan.

|  |  |
| --- | --- |
| Employee Name |  |
| Social Security # |  |
| Date of Exposure |  |

|  |  |
| --- | --- |
| Task to Complete | Date of Completion/Initials |
| Complete Documentation of Exposure Incident Form |  |
| Copy of OSHA Standard and Exposure Control Plan to Employee |  |
| Complete Individual Consent Form (forward a copy to source individual’s health care provider) |  |
| Source Individual’s blood tested or Unable to obtain consent (Complete Source Individual Refusal for Blood Testing Form) |  |
| Appointment arranged for employee with health care provider |  |
| Employee’s blood collected: tested; or held for 90 days |  |
| Documentation forwarded to employee’s health care provider |  |
| Copy of OSHA Regulation and Exposure Control Plan |  |
| Completed Employer’s Report to Physician Form |  |
| Physician’s Statement and Written Opinion Form |  |
| Copy and competed Source Individual’s Consent Form |  |
| Copies of relevant employee medical records, such as HBV vaccination status |  |

|  |  |
| --- | --- |
| Name/Position of Person Completing this form | Date |
|  |  |

Documentation of Exposure Incident

Policy Statement: An exposure incident is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or partial contact with blood or other potentially infectious materials that result from the performance of an employee’s duties. This incident must be reported immediately to the supervisor and documented below, not later than the end of the work shift.

|  |  |
| --- | --- |
| Employee’s Name |  |
| Social Security # |  |
| Date of Exposure |  |
| Reported To |  |
| Date of Incident |  |
| Time of Incident |  |

|  |
| --- |
| Description of Incident (Include route(s) and circumstances of exposure, protective equipment and work practices in effect, and post-exposure actions taken): |
|  |

|  |  |
| --- | --- |
| Name of source individual, if known (If the source individual cannot be identified, the reason is as follows) |  |

The undersigned employee acknowledges understanding of the rights and responsibilities for obtaining a confidential medical evaluation under the Exposure Control Plan and 29 CFR 1910.1030. The employee has received a copy of the Exposure Control Plan and OSHA Standard.

|  |  |
| --- | --- |
| Signature of Exposed Employee | Signature of Supervisor |
|  |  |

Source Individual Consent

I am aware that I have been identified as a source individual where an employee may have been exposed to blood or other potentially infectious body fluids. I hereby authorize an exchange of information to occur between the agencies/persons listed below and the exposed individual. The exposed employee’s physician will discuss results/recommendations with the exposed employee.

Exposed employee’s medical practitioner

|  |  |
| --- | --- |
| Name |  |
| Phone # |  |
| Address |  |

Source Individuals medical practitioner

|  |  |
| --- | --- |
| Name |  |
| Phone # |  |
| Address |  |

I am aware of the risks to the exposed employee, and I have agreed to blood testing to be performed for HBV and HIV. I have been informed that in consenting to the testing, the test results ONLY will be released to the exposed employee and to the employee’s medical provider.

|  |  |
| --- | --- |
| Source individual signature (or parent, if minor) |  |
| Printed Name |  |
| Social Security Number |  |
| Date |  |

Source Individual Refusal for Blood Testing

I have been informed by: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exposure Control Officer, that I have been identified as being a source individual in an employee exposure incident to blood or other potentially infectious materials. I am aware of the risks to the employee, and I have declined blood testing to be performed for HBV and HIV. I have been informed that if I had consented to this testing, this information would be released to the exposed employee and to the exposed employee’s medical provider.

|  |  |
| --- | --- |
| Source individual signature (or parent, if minor) |  |
| Printed Name |  |
| Social Security Number |  |
| Date |  |
| Signature of Exposure Control Office |  |
| Date |  |

Physician’s Statement and Written Opinion

|  |  |
| --- | --- |
| Patient Name |  |
| Date of Birth |  |
| Social Security # |  |

\*Please complete the following information and return to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Exposure Control Officer.

OSHA requires that the employer must obtain and provide the employee with a copy of this written opinion within 15 days of completion of the medical evaluation.

The following records accompany this form to assist you in your medical evaluation.

1. Employer’s Report to Physician
2. OHSA Standard regarding post-exposure protocol
3. Exposure Control Plan
4. Hepatitis B Vaccination Record
5. Source Individual Consent, if available

Hepatitis B Prophylaxis/Vaccine

Was Hepatitis B Vaccination indicated/

[ ] yes [ ] no. If yes, date received: \_\_\_\_\_\_\_\_\_\_\_\_\_

Are further doses recommended?

[ ] yes [ ] no. If so, projected date for the next dose: \_\_\_\_\_\_\_\_\_\_\_\_\_

Was HBIG given?

[ ] yes [ ] no If yes, date received:\_\_\_\_\_\_\_\_

Post-Exposure Counseling and Follow-up

I certify that the employee has been informed of the results of this medical evaluation, has been advised about any medical conditions resulting from exposure to blood or other potentially infectious materials, and has been advised about any precautions, further evaluations, or treatment.

|  |  |
| --- | --- |
| Physician Signature |  |
| Printed Name |  |
| Address |  |
| Telephone Number |  |
| Date |  |

Employer’s Report to Physician

This employee has reported an occupational exposure incident to blood or other potentially infectious materials as defined by 29 CFR 1910.1030. This exposure is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, opartial contact with blood or other potentially infectious materials that results from the performance of an employee’s duties.

PART A. Employee Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Social Security # | |  |
| Address |  | | | |
| Job Title |  | Supervisor |  | |
| Date Referred for Evaluation |  |  |  | |
| Description of Duties |  | | | |

History of exposure incident

|  |  |  |  |
| --- | --- | --- | --- |
| Date |  | Time |  |
| Description of Exposure (include route(s) and circumstances) |  | | |
|  | | | |

The source individual has\_\_\_\_\_\_ has not\_\_\_\_\_\_\_ consented to blood testing.

|  |  |
| --- | --- |
| Results of testing may be obtained from |  |
| Address |  |
| Phone # |  |

PART B. Employee Consent

I hereby authorize an exchange of information to occur between\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exposure Control Officer, and the licensed health care professional name below.

|  |  |
| --- | --- |
| Physicians Name |  |
| Phone # |  |
| Address |  |
| I authorize a release and an exchange ONLY of information pertaining to my occupational exposure incident. All information should be released to   |  |  |  |  | | --- | --- | --- | --- | | Exposure Control Office |  | | | | Employee Signature |  | Date |  | | |

BUCYRUS CITY SCHOOLS ATHLETIC DEPARTMENT CODE OF CONDUCT

PREFACE: Participation in all extra-curricular activities, including athletics, is a privilege. As such, when violations of the athletic code of conduct occur the privilege of participation may be withdrawn. All student athletes who discipline themselves according to the code of conduct and who spend long hours preparing and training may have the privilege of participating. Student athletes will hold themselves to a higher standard of behavior than students who are not athletes and willingly abide by code of conduct and training rules established by the athletic council and approved by the administration and by the Bucyrus Board of Education.

RULES:

1. ACADEMIC ELIGIBILITY
   1. During the preceding grading period, each student must have received passing grades in a minimum of five (5) one-credit courses or the equivalent, each of which counts toward graduation. The Bucyrus Board of Education prohibits students from participating in interscholastic extra-curricular activities if they have less than a 2.0 grade point average on a 4.0 scale ***in the previous grading period***. Failure to comply with the grading period eligibility results in ineligibility for the following grading period ***UNLESS*** each student who has a G.P.A. 1.0 - 1.99 in the previous grading period and ***less than a 2.0 at the midterm of the current grading period*** attends the academic intervention described below.
2. REQUIRED ACADEMIC INTERVENTION
   1. Any High School or Middle School student/athlete with a 1.0 – 1.99 G.P.A. shall participate in an academic intervention program. The academic intervention program will consist of at least one hour/week study table for each subject wherein the student received a grade lower than a C. The athletic director will check grades at the mid-term of each quarter to determine whether a student will come off academic intervention, be required to continue, or be added to the academic intervention. Intervention will be assigned and monitored on the recommendation of the administration.
3. PROGRAM ADMINISTRATION
   1. Coaches are responsible for the administration of their sports program. In this capacity, they have the option to make judgments and decisions they believe are necessary to insure continued high ideals for their sports program. When a violation of the student code of conduct occurs or is suspected of occurring the head coach needs to immediately report the violation or suspected violation to the Athletic Director/Administration for investigation and disposition.
4. QUITTING A SPORT
   1. An athlete quitting or dismissed from a sport after the first two weeks from the start date of the (Fall, Winter or Spring season) as set by the O.H.S.A.A. guidelines will not be permitted to participate in any other sport, conditioning program, open fields, open gyms, and activities including but not limited to Indoor Track, Bowling Club, and Ski Club for the remainder of the sports’ season the athlete quit or was dismissed. Athletes in violation of this policy will be subject to disciplinary action in future athletic seasons and/or activities. If a dual sport athlete quits their secondary sport it will not be considered a violation of this policy. The weight room is not sport specific and is not forbidden as a result of quitting or being dismissed.
5. PARTICIPATION AND SCHOOL ATTENDANCE
   1. To participate in a practice, team function, contest or related activity, the athlete must be in school by 10:30 AM on the day of the practice, team function, contest or related activity unless there is prior approval by the administration. For a Saturday practice, team function, contest or related activity, the student must be in attendance by 10:30 AM on Friday unless there is prior approval by the administration. In the event a student leaves school early on the day of a practice, team function, contest or related activity, the student must be in attendance until 10:30 AM unless there is prior approval by the administration.
6. PARTICIPATION/DRUG TESTING FEE
   1. The Board of Education has adopted a $60.00 non-refundable participation fee for students involved in any student activity at Bucyrus City Schools. There is one payment per student, with no limit on activities, not to exceed $180.00 per family. An additional $30.00 fee for the initial drug test may be applied per student. Each year the Bucyrus Board of Education will evaluate the financial status of the district to determine if the fees will be waived.
7. VIOLATIONS OF THE CODE
   1. If an athlete commits an act that discredits or dishonors the athletic program, such as lying, stealing, cheating, school, or community misconduct, etc., discipline will be applied relative to the seriousness of the offense. Action may be taken even to the point of suspension from all athletics for the season in progress.
8. USE OF ALCOHOL, TOBACCO, AND OTHER DRUGS
   1. Athletes shall be disciplined for:
      1. Unauthorized drug use, abuse, and/or possession.
      2. Use or possession of any alcoholic beverage.
      3. Use or possession of tobacco in any form.
      4. Testing positive for drug, alcohol, and/or tobacco use under the provisions of the Random Urine Drug Testing Policy of the Bucyrus City School District.
   2. FIRST OFFENSE:
      1. Set-up a mandatory meeting with the Principal, Parent(s), Athletic Director, and the student-athlete to develop a plan of action.
      2. Loss the privilege of participation on a team for 20% of the season’s total contests, beginning immediately.
      3. Attend all required practices.
      4. Complete twenty (20) hours of unpaid volunteer community service. Prior approval of athletic director is required.
      5. Participate in a drug assistance program. Documentation must be sent to the school.
      6. Submit to three follow-up unannounced drug tests at the parent/guardian expense. The drug testing company under contract with the school district will provide drug testing.
      7. Loss of varsity leadership position. Failure to complete requirements results in non-participation in athletics for one year.
   3. SECOND OFFENSE:
      1. Set-up a mandatory meeting with the Principal, Parent(s), Athletic Director, and the student-athlete to develop a plan of action.
      2. Loss the privilege of participation on a team for 40% of the season’s total contests, beginning immediately.
      3. Attend all required practices.
      4. Complete a screening from a Certified Chemical Dependency Professional and any treatment recommendations from the screening. Documentation of screening must be sent to school.
      5. Submit to three follow-up unannounced drug tests at the parent/guardian expense. The drug testing company under contract with the school district will provide drug testing.
      6. Loss of varsity leadership position.
      7. Complete forty (40) hours of unpaid volunteer community service. Prior approval of the athletic director is required. Failure to complete results in non-participation in athletics for one year.
   4. THIRD OFFENSE:
      1. Athletic participation denied for one (1) year from the date of infraction. Repeat screening by Certified Chemical Dependency Professional, submit to three unscheduled follow-up drug tests at the parent/guardian expense, complete all recommendations from the screening, and receive a favorable progress report from a Certified Chemical Dependency Professional, prior to reinstatement.
   5. FOURTH OFFENSE AND BEYOND
      1. Athletic participation is denied indefinitely from the date of the infraction. An action plan will be set up with the parent, student-athlete, athletic director, and principal after the infraction. The action plan must be completed in order for the athlete to return to participation.
   6. ASSIST IN FALSIFICATION OF A DRUG TEST FIRST OFFENSE:
      1. Set-up a mandatory meeting with the Principal, Parent(s), Athletic Director, and the student-athlete to develop a plan of action.
      2. Loss the privilege of participation on a team for 20% of the season’s total contests, beginning immediately.
      3. Attend all required practices.
      4. Complete twenty (20) hours of unpaid volunteer community service. Prior approval of athletic director is required.
      5. Participate in a drug assistance program. Documentation must be sent to the school.
      6. Loss of varsity leadership position. Failure to complete requirements of results in non-participation in athletics for one year.
   7. SECOND OFFENSE:
      1. Set-up a mandatory meeting with the Principal, Parent(s), Athletic Director, and the student-athlete to develop a plan of action.
      2. Loss the privilege of participation on a team for 40% of the season’s total contests, beginning immediately.
      3. Attend all required practices.
      4. Complete a screening from a Certified Chemical Dependency Professional and any treatment recommendations from the screening. Documentation of screening must be sent to school.
      5. Loss of varsity leadership position.
      6. Complete forty (40) hours of unpaid volunteer community service. Prior approval of the athletic director is required. Failure to complete results in non-participation in athletics for one year.
   8. THIRD OFFENSE:
      1. Athletic participation denied for one (1) year from the date of infraction. Repeat screening by Certified Chemical Dependency Professional, submit to three unscheduled follow-up drug tests at the parent/guardian expense, complete all recommendations from the screening, and receive a favorable progress report from a Certified Chemical Dependency Professional, prior to reinstatement.
   9. FOURTH OFFENSE AND BEYOND
      1. Athletic participation is denied indefinitely from the date of the infraction. An action plan will be set up with the parent, student-athlete, athletic director, and principal after the infraction. The action plan must be completed in order for the athlete to return to participation.
   10. DRUG, ALCOHOL OR TOBACCO SELF-REFERRAL
       1. Self-referral, by definition, is when the student-athlete and/or parent/guardian initiate contact with the coach or an administrator in seeking assistance with a drug, alcohol, or tobacco problem. The self-referral must occur prior to the alleged misconduct being reported to the administration. Self-referral also applies in the case of drug testing when a student refers him or herself prior to receiving a positive result from the Medical Review Officer. The self-referral option may be used one time only for the student’s athletic career and is not applicable when an administrator, coach, or law enforcement official catches the athlete in a drug, alcohol, or tobacco violation. With self-referral there shall be no exclusion from game participation. A subsequent violation will be considered the student’s first offense.
          1. Set-up a mandatory meeting with the Principal, Parent(s), Athletic Director, and the student-athlete to develop a plan of action.
          2. Attend all required practices.
          3. Complete twenty (20) hours of unpaid volunteer community service. Prior approval of athletic director is required.
          4. Participate in a drug assistance program. Documentation must be sent to school.
          5. Submit to three follow-up unannounced drug tests at the parent/guardian expense. The drug testing company under contract with the school district will provide drug testing.
          6. Lose varsity leadership position.
          7. Failure to comply will result in loss of privilege to participate in athletics for a period of one year from the date of the self-referral.

RANDOM DRUG TESTING POLICY

OF THE BUCYRUS CITY SCHOOL DISTRICT

**OVERVIEW**  
The procedure for initial and random drug testing of students in athletics, extracurricular activities, and students wishing to obtain a parking permit is accomplished in conjunction with an independent drug testing Vendor selected by the Board of Education. Following the initial testing, the Vendor is provided by the Designated Official a list of eligible students and in turn randomly selects up to 20% of these students for drug testing at regular intervals. The Vendor will send qualified collectors to the school who will oversee the collection of all specimens as outlined in this document. The Vendor will provide Medical Review Officer (MRO) services for interpretation and verification of results. Results are reported to the Building Principal or Designated Official by the MRO. Specimens are collected as split specimens.

1. **A STATEMENT OF NEED AND PURPOSE** 
   1. Recognizing that observed or suspected use of alcohol and illicit drugs by Bucyrus City School District students is a serious concern, a program deterrence will be instituted as a pro-active approach to a truly drug free school. Likewise, students using illegal drugs pose a threat to their own safety, as well as to that of other students and adults. The purpose of this program is fourfold:
      1. to provide for the safety of all Students;
      2. to undermine the effects of peer pressure by providing a legitimate reason for Students to refuse to use illegal drugs;
      3. to encourage Students who use drugs to participate in drug treatment programs; and
      4. prevent the impact drug and alcohol use has on the learning centers of the brain allowing students to achieve their full academic potential while a student within Bucyrus City Schools.

The program is designed to create a safe, drug free, environment for Students and assist them in getting help when needed.

1. **SUPPORTING DATA** 
   1. Random urine drug testing of a public school is legal as determined by the United States Supreme Court in the case of Vernonia School District 47J (Oregon) v. Wayne and Judy Acton and Pottawatomie v. Earls.
2. **DEFINITIONS** 
   1. **Vendor** – The medical office or company selected by the Board of Education to carry out the policy and procedure.
   2. **Designated Official** – The individual hired by the school or district to oversee the drug-testing program of the school or district.
   3. **Medical Review Officer (MRO)** – A licensed physician trained and certified in the process and interpretation of drug testing results.
   4. **Illicit Substance** – A drug classified by the Drug Enforcement Administration (DEA) as being available only by prescription from a physician or classified as being controlled and having no therapeutic use.
   5. **Banned Substance** – A substance defined by School policy as being banned from use by students.
   6. **Student Participant** – A qualified student participating on a sanctioned athletic team as defined by the State Athletic Association, an extracurricular activity as defined by the board, or student wishing to receive a parking permit.
   7. **SAMHSA** – The Substance Abuse and Mental Health Services Administration; a governmental agency that certifies toxicology laboratories that perform drug testing following strict guidelines and constant quality assurance programs.
   8. **GC/MS** – Gas Chromatography/Mass Spectroscopy; a scientific process to identify specific chemical compounds. A molecular fingerprint is obtained that identifies a chemical compound with 100% accuracy.
   9. **Quantitative Levels** – The measurement levels of specific chemicals in the urine reported usually in Nano grams per milliliter (ng/ml).
   10. **Chain-of-custody Form** – A preprinted form provided by the testing laboratory that records all contact with the provided specimen. The form is initiated by the collector and donor then follows with the specimen until the results are certified by the testing scientist and forwarded to the MRO for final certification.
   11. **Adulterant/Adulteration** – Any attempt to alter the outcome of a urine drug test by adding a substance to the sample, attempting to switch the sample, or otherwise interfere with the detection of illicit or banned substances in the urine, or purposefully over hydrating oneself in an attempt to dilute the urine to decrease possible detection of illicit or banned substances.
3. **PROCEDURES FOR STUDENTS** 
   1. **Informed Consent for Testing**
      1. At the beginning of each year/season or when a student moves into the District, students and parent/guardian/custodian will complete and sign the ***Bucyrus City Code of Conduct and Expectations Informed Consent Agreement (Exhibit A)***. No student may participate and/or receive a parking permit until this form is properly executed and on file with the School.
   2. **Urine Drug Testing Frequency** 
      1. At the beginning of each year/season or when a student moves into the District, all students wishing to participate in athletics, extracurricular activities, or park on campus may be subject to urine testing for illicit or banned substances as specified in Paragraph 9 below. Following initial testing, up to 20% of eligible students will be randomly tested on up to a bi-weekly basis anytime during the school year. Any student who refuses to submit to urine drug testing will be considered a positive test under article 7b.
   3. **Sample Collection**
      1. Samples will be collected as outlined under Vendor Requirements, Section 6 below. Any eligible student selected randomly for urine drug testing who is not in school on the day of testing will be tested at the next available testing time. Students not able to provide an adequate urine specimen at the testing time will be unable to participate or park until the proper specimen is provided. Arrangements may be made for special collections at a Vendor Collection site with prior approval of the Building Principal or Designated Official. There may be an additional fee associated with the use of an off-site collection point. 5.
4. **CONFIDENTIALITY OF RESULTS**
   1. All drug test results are considered confidential information and will be handled accordingly. Those persons having results reported to them as set forth by this Policy must sign a Confidentiality Statement (Exhibit B).
5. **VENDOR REQUIREMENTS**
   1. At a minimum, the Vendor must be able to provide the following services:
      1. **Random Selection of Eligible Students**
         1. Once provided a list of eligible students, the Vendor must select the required number of students in a random and confidential manner. Up to bi-weekly, the Vendor will arrange with the Designated Official a day and time to do the collection of specimens. The schedule will not follow any recognizable pattern. The selected student names will be given to the Designated Official, who will arrange for these students to report to the collection area.
      2. **Collection of Urine Specimen**
         1. The Vendor will oversee the collection of urine specimens as outlined in the **Procedures for Random Urine Drug Testing of Bucyrus City School District Students**. The Vendor that meets the criteria of this Policy and that of the testing laboratory will provide Chain of Custody forms.
      3. **Testing of Urine Specimen**
         1. The Vendor will have all specimens tested for the specified illicit or banned substances by a qualified laboratory certified by the **Substance Abuse and Mental Health Services Administration (SAMHSA)** following the guidelines of the **Department of Health and Human Services (HHS)**. The testing laboratory should have greater than 10 years’ experience in toxicology testing and chain-of-custody procedures. All specimens must be initially tested using a highly accurate immuno-assay technique, with all presumptive positive results then confirmed by a **Gas Chromatography/Mass Spectroscopy (GC/MS)** confirmatory test (understanding that no current GC/MS test is available for LSD). The testing laboratory must be able to test for the following drug classes, substances or their metabolites in collected urine specimens. The Building Principal may specify specific classes or substances to be tested.

Alcohol Amphetamines Anabolic Steroids

Barbiturates Benzodiazepines Cocaine Metabolites

LSD Marijuana Metabolites Methadone

MDMA (Ecstasy) Nicotine Opiates

Phencyclidine Propoxyphene

* + 1. **Medical Review Officer (MRO) Services**
       1. The Vendor will provide MRO services by a licensed physician who is certified by the **Medical Review Officer Certification Council (MROCC)** or the **American Association of Medical Review Officers** as having proven by examination to have had the appropriate medical training to interpret and evaluate drug test results and thus qualified for certification as a Medical Review Officer. Additionally the MRO must demonstrate a willingness to abide by the **Procedure for Random Urine Drug Testing of Bucyrus City School District Students** as to the evaluation of positive drug tests and reporting findings in a timely and confidential manner. All results will be kept on file for a period of seven years.
    2. **Reporting of Random Urine Test Results by Vendor**
       1. The MRO will certify all urine drug screens as negative or positive. Positive findings will be reported by telephone in a confidential manner to the Parent and then the Building Principal.
    3. **Statistical Reporting and Confidentiality of Urine Drug Test Results**
       1. The Vendor, testing laboratory, or MRO may not release any statistics on the rate of positive drug tests to any person, organization, news publication, or media without expressed written consent of the Bucyrus City School District Board of Education. However, the Vendor will provide the Building Principal with an annual report showing the number of tests performed, rate of positive and negative tests, and what substances were found in the positive urine specimens.

1. **PROCEDURES IN THE EVENT OF A POSITIVE RESULT**
   1. **Whenever a student’s test result indicates the presence of illegal drugs or banned substances or adulteration, the following will occur:**
      1. The ~~Building Principal~~ Vendor, within 24 hours, will notify the parent/guardian/custodian first, then the student and Designated Official of any positive results. ~~A written notification from the Building Principal, by form letter, will be sent to the parent/guardian/custodian by certified mail.~~ The ~~Building Principal~~ Designated Official may keep all test results for a period up to one year.
      2. If the parent/guardian/custodian or student wishes to contest the results, the Vendor will arrange for the split portion of the specimen to be submitted to another laboratory approved by the Board of Education for testing. This is done at parent/guardian/custodian or student expense. Such a request must be made to the Building Principal in writing within five working days from first notification of positive test results.
      3. The MRO may use quantitative results to determine if positive results on repeat testing indicate recent use of illicit or banned substances or the natural decline of levels of the illicit or banned substance from the body. If the MRO feels the quantitative levels determined to be above the established cutoffs do not reflect current use but natural decay, then a negative result may be reported.
   2. **First Positive Result**
      1. A positive result from the MRO or an altered sample will constitute a first positive. The student participant will forfeit 20% of their activity and/or driving, participate in a drug assistance program, complete 20 hours of community service, and submit to three follow-up drug tests at the parent/guardian expense. Failure to comply will result in indefinite suspension from activities and/or driving privileges.
   3. **Second Positive Result**
      1. A second positive result by MRO ruling or adulteration will result in the forfeiture of 40% of their activity and/or driving, complete a program recommended by a certified substance abuse counselor, complete 40 hours of community service, and continue or repeat the three follow-up drug tests at the parent/guardian expense. Failure to comply will result in indefinite suspension from activities and/or driving privileges.
   4. **Third Positive Result**
      1. A third positive result or ruling of adulteration, the student participant will be barred from participation in any athletic activity, extracurricular activity and/or parking on campus for one year. Prior to reinstatement, the student must show significant progress toward rehabilitation from a certified substance abuse program.
   5. **Self-Referral**
      1. A student who refers him or herself prior to receiving a positive result from the MRO will comply with the requirements set in section 7b of this policy, except there will be no forfeiture of the activity and/or driving privileges. Self-referrals may be used as a first offense only, subsequent positives following a referral will continue to actions stated in 7c and 7d. A student may only self-refer one time while a student in the Bucyrus City School District.
2. **NON-PUNITIVE NATURE OF POLICY**
   1. No student will be penalized academically for testing positive for illegal drugs or banned substances. The results of drug tests pursuant to this policy will not be documented in any student’s academic records. Information regarding the results of drug tests will not be disclosed to criminal or juvenile authorities absent legal compulsion by valid and binding subpoena or other legal process, which the Bucyrus City School District Board of Education will not solicit. In the event of service of any such subpoena or legal process, the student and the student’s custodial parent, legal guardian, or custodian will be notified at least 72 hours before response is made by the Bucyrus City School Board of Education, to the extent permitted by such subpoena or legal process.
3. **ILLICIT OR BANNED SUBSTANCES**
   1. For the purpose of this Policy, the following drug classes, substances or their metabolites that can be tested for are considered illicit or banned for Bucyrus City School District Students:

Alcohol Amphetamines Anabolic Steroids

Barbiturates Benzodiazepines Cocaine Metabolites

LSD Marijuana Metabolites Methadone

MDMA (Ecstasy) Nicotine Opiates

Phencyclidine Propoxyphene

Procedures for Random Urine Drug Testing

Bucyrus City School District Students

1. **LIST OF ELIGIBLE STUDENTS**
   1. The Designated Official will prepare a list of eligible students. The list will be forwarded to the Vendor for the random selection of students who will submit urine specimens for testing.
2. **RANDOM SELECTION OF STUDENTS FOR TESTING**
   1. The Vendor will use a system to assure that students are selected in a random fashion. This system will utilize a computer-based system designed specifically for the purpose of randomly selecting individuals for drug testing.
3. **SCHEDULING OF URINE DRUG TESTING**
   1. Urine drug testing is unannounced. The day and date are selected by the Designated Official and confirmed with the Vendor. Random testing may be done up to bi-weekly, but not during holidays and spring break.
4. **INITIAL TESTING**
   1. At the beginning of the year/season or when a student moves into the district, all eligible students may be subject to urine drug testing at the parent expense. This testing will be accomplished on a date and time coordinated with the testing Vendor. The Designated Official is responsible for seeing that all students and their parent/guardian/custodian properly sign the Informed Consent Agreement (Policy Exhibit A) prior to testing. A student is only required to take one initial test per year to participate and/or receive a parking permit.
5. **TESTING YEAR**
   1. The testing year begins the date the first activity for the upcoming school year commences and continues for 365 days thereafter.
6. **FORM COMPLETION**
   1. The Vendor is responsible for seeing that proper drug testing custody and control forms are used that satisfy the needs of the Policy for Random Urine Drug Testing of Bucyrus City School District Students and the testing laboratory. A student number will be used for identification with the student’s name only appearing on the copies that go to the donor, MRO, and School Official.
7. **COLLECTION PROCESS**
   1. Selected Students are escorted from class to the collection site. A specimen of urine is collected following this process:
      1. No purses, bags, or containers may be taken into the collection area with the student. All extra coats, vests, jackets, sweaters, etc., are to be removed before entering the collection area.
      2. The collector adds a blueing agent (food coloring) to the water in the urinal or toilet.
      3. Student is asked to rinse their hands and dry them. If no water is easily accessible, a nonalcoholic wipe may be used instead.
      4. The drug testing custody and control form is completed by the Student and collector.
      5. The student is told to urinate directly into the provided container and should provide a sufficient amount of urine (at least 30 ml) in one attempt. The student is also told they are to hand the container of urine to the collector.
      6. The student enters a closed stall to collect the specimen, and then hands the container to the collector.
      7. The collector checks the volume, reads and records the temperature within four minutes of collection, and looks for evidence of tampering. If tampering is suspected, a second specimen will be requested. A second suspected tampered specimen will be considered refusal to test and the Designated Official will be notified.
      8. With the student watching, the collector will pour the specimen into the two bottles and recap the specimen bottles tightly.
      9. The collector takes the bottle seals and places them over the caps and sides of the bottles and ensures they are properly signed and initialed.
      10. The sealed bottles are placed inside the transport bag.
      11. The top lab copies of the drug testing custody and control form are folded with the top portion visible to the outside and placed in the Requisition Pouch. The transport bag and pouch are sealed as indicated. The student completes the COC and is given the donor copy of the form.
      12. The Student may wash their hands and is then sent back to class.
      13. The collector distributes the remaining copies of the form as required, being responsible for getting the appropriate copy of the form to the MRO in a timely manner.
      14. The Designated Official will be notified immediately of any student who refuses to give a urine sample or is suspected of adulteration.
8. **MEDICAL REVIEW OFFICER (MRO) RESPONSIBILITIES**
   1. The MRO will review all results of the urine drug testing. Any urine specimen-testing positive for illicit drugs, banned substances, or adulteration will be handled in the following manner:
      1. The MRO determines if any discrepancies have occurred in the Chain of Custody.
      2. Depending on the substances found in the urine, if necessary the parent/guardian/custodian will be contacted to determine if the student is on any prescribed medication from a physician.
      3. If the student is on medication, the parent/guardian/custodian will be asked to obtain a letter from the prescribing physician, within five working days, to document what medications the student is currently taking. Failure to provide such requested information will be considered a positive result.
      4. The MRO will then determine if any of the prescribed medications resulted in the positive drug screen.
         1. For example, a drug screen positive for codeine may be ruled negative by the MRO when he/she receives a letter from the treating physician that the student has been prescribed Tylenol with codeine as a pain medication following tooth extraction.
         2. Or, if the student has a positive drug screen for codeine and has no documented physician order for the medication (maybe a parent gave the student one of their pills), this would likely be ruled a positive drug test by the MRO.
         3. Drug screens positive for illicit drugs (marijuana, heroin, cocaine or alcohol, etc.) would automatically be considered positive by the MRO.
      5. The MRO may use quantitative results to determine if positive results on repeat tests indicate recent use of illicit or banned substances or the natural decline of levels of the illicit or banned substance from the body. If the MRO feels the quantitative levels determined to be above the established cutoffs do not reflect current use but natural decay, then a negative result may be reported.
      6. Finally, the MRO, based on the information given, will certify the drug test results as positive or negative. Positives will be reported to the Building Principal by phone.
   2. **PICK-UP PROCESS**
      1. The Vendor is responsible for seeing that specimens are delivered to or picked up by the testing laboratory and the Chain of Custody form properly annotated.

BUCYRUS CITY SCHOOLS CODE OF CONDUCT AND EXPECTATIONS INFORMED CONSENT AGREEMENT

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Grade |  |
|  | Please Print |  |  |

**AS A STUDENT:**

* I understand and agree that participation in athletic or extracurricular activities and parking on school grounds is a privilege that may be withdrawn for violations of the **Code of Conduct and Expectations**, hereinafter **Code of Conduct**.
* I have read the **Code of Conduct** and understand the consequences that I will face if I do not honor my commitment to the **Code of Conduct**.
* I understand and realize that there is a risk of injury in participating in activities.
* I understand that when I participate in any athletic program, extracurricular activity, and/or receive a parking permit, I will be subjected to initial and random urine drug testing, and if I refuse, it will be treated as a positive drug test. I have read the consent on pages 13 and 14 of this policy and agree to its terms.
* I understand this is binding while I am a student within the Bucyrus City School District.

|  |  |  |
| --- | --- | --- |
|  | Date |  |
| Student Signature |  |  |

**AS A PARENT/GUARDIAN/CUSTODIAN OF THE STUDENT NAMED ABOVE:**

* I have read the Code of Conduct and understand the responsibilities of my son/daughter/ward as a participant in athletic, extracurricular activities and/or parking privileges in the Bucyrus City School District.
* I understand and realize that there is an assumed risk of injury involved for my son/daughter/ward as participant in activities.
* I understand that my son/daughter/ward, when participating in athletics, extracurricular activities and/or receiving a parking permit, may be subjected to initial and random urine drug testing, and if he or she refuses, will not be allowed to practice, participate, or park. I have read the consent on pages 13 and 14 of this policy and agree to its terms.
* I understand this is binding while my son/daughter/ward is a student within the Bucyrus City School District.
* I hereby consent to allow the student named on the front of this form to undergo urinalysis testing for the presence of illicit drugs or banned substances in accordance with the Policy and Procedure for Random Urine Drug Testing of Bucyrus City School District Students as approved by the Bucyrus City School District Board of Education.
* I understand that a qualified vendor will oversee the collection process.
* I understand that any urine samples will be sent only to a certified medical laboratory for actual testing, and that the samples will be coded to provide confidentiality.
* I hereby give our consent to the medical vendor selected by the Bucyrus City School Board, their laboratory, doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical vendor to perform urinalysis testing for the detection of illicit drugs or banned substances.
* I further give permission to the medical vendor selected by the Bucyrus City School Board, its doctors, employees, or agents, to release all results of these tests to the Medical Review Officer (MRO) working for the medical vendor. We understand these results will be forwarded to the Building Principal and will also be made available to us.
* I understand that consent pursuant to this **Informed Consent Agreement** will be effective for all activities in which this student might participate during the current school year.
* I hereby release the Bucyrus City School Board of Education, SPORT SAFE Testing Service, Inc. and it’s employees from any legal responsibility or liability for the release of such information and records

|  |  |  |
| --- | --- | --- |
|  | Date |  |
| Parent/Guardian/Custodian Signature |  |  |
|  |  |  |
| Parent/Guarding/Custodian Name (Print) | Home Phone | Work Phone |

**Bucyrus City Schools Confidentiality Statement for Random Urine Drug Testing Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I will be privileged to hear and see sensitive information related to the results of random urine drug testing performed on students of Bucyrus City Schools. I pledge to keep any information given to me in strict confidence, and will only release this information to others as dictated by Board policy or with properly obtained permission of the student and parent/guardian/custodian.

|  |  |  |
| --- | --- | --- |
|  | Date |  |
| Parent/Guardian/Custodian Signature |  |  |
|  |  |  |
| Student Signature |  |  |

BUCYRUS HIGH SCHOOL AWARD SYSTEM

The giving of awards to an individual is based on the individual meeting the necessary requirements in each sport as set by the coach and then only on the coaches recommendation.

1. **FIRST YEAR AWARD**
   1. Each student athlete will receive a 6” Block “B” with the proper insert as part of the letter. Only one letter may be earned in each sport. A letter may be earned for participation in each sport. If the athlete does not earn a letter, but finishes the year in good standing, they will receive their numeral. One set per athlete. (Date of their year of graduation).
2. **SECOND YEAR AWARD**
   1. Each student athlete will receive a framed certificate showing that the athlete has earned a two-year award in that particular sport along with some pin or bars. The certificate and frame will be selected by the Athletic Director.
3. **THIRD YEAR AWARD**
   1. Each student athlete will receive a ~~Block “B” on a wood~~ plaque. Information engraved on a metal plate stating that the athlete is a three-year award winner in that particular sport, and the year of the award being issued.
4. **FOURTH YEAR AWARD**
   1. Each student athlete will receive a trophy selected by the Athletic Director.
5. **FRESHMEN**
   1. Each student athlete will receive certificate showing that the athlete has finished his sports season in good standing along with numerals (date of expected graduation).
6. **EIGHTH**
   1. Each student athlete will receive certificate showing successful completion of the sport. Any eighth grade athlete who successfully completes two consecutive seasons of the same sport receives a 4-inch letter “B.” Each athlete will only receive one “B” throughout middle school.
7. **SEVENTH**
   1. Each student athlete will receive a certificate showing successful completion of the sport they participated.

**Awards will be given only for years of service in the Bucyrus City Schools system**.

## BUCYRUS HIGH SCHOOL ATHLETIC DEPARTMENT WALL OF FAME CRITERIA

Philosophy: The purpose of putting pictures of an athletic team or individual on the commons wall is:

1. To give historical recognition to outstanding teams and individuals.
2. To encourage future athletes to strive to accomplish outstanding feats.
3. To publicize Bucyrus High Schools’ athletic program to the community.

**Team Criteria**

1. A team that advances into the “sweet sixteen” of an O.H.S.A.A sponsored tournament.

**Individual Criteria**

1. All-Ohio as determined by AP, UPI, Coaches Poll, or by O.H.S.A.A tournament accomplishments.
2. Qualify for a state O.H.S.S.A event as an individual.
3. Relay or individual teams who qualify for a state O.H.S.A.A event will go up as a group, i.e. Swimming, Tennis, and Track.

**Pictures may be retired if:**

1. Pictures can be retired or taken down at the discretion of the Athletic Council for things such as but not limited to conduct or actions of athletes/team that is detrimental to the ideals of high school athletic participation.
   1. Pictures of teams will go up after meeting criteria.
   2. Pictures of individuals will go up after graduation.
   3. League Team Championships will be displayed in a location chosen by the athletic director and the athletic council.

## OUTSTANDING ATHLETIC AWARDS

SPECIAL SPORT AWARDS (any awards given not on this list will be done at the coach’s expense.)

|  |  |
| --- | --- |
| BASEBALL | SOFTBALL |
| * MVP | * Jack Hewitt Pitching Award |
| * Coaches’ Award | * Leading Hitting % |
| * Most Improved | * Leading Fielding % |
| * Pitching Award | * Most Improved |
| BOYS’ BASKETBALL | GIRLS’ BASKETBALL |
| * Michael Award | * MVP |
| * Charge Award | * Redmen Award |
| * Leading FT % | * Most Improved |
| * Leading Assits | * Captain |
| * Leading Rebounds |  |
|  |  |
| SWIMMING (BOYS & GIRLS) | CROSS COUNTRY (BOYS & GIRLS) |
| * MVP – Boy | * MVP |
| * MVP – Girl | * Running Redmen |
| * Most Improved | * Most Improved |
| * Coaches’ Award |  |
|  |  |
| TENNIS (BOYS & GIRLS) | TRACK (BOYS & GIRLS) |
| * MVP | * MVP |
| * Golden Racket | * Most Improved Sprints |
| * Most Improved | * Most Improved Field |
| * Sam Saback (Girls and Boys) | * Most Improved Distance |
|  |  |
| FOOTBALL | VOLLEYBALL |
| * Michael Award | * MVP |
| * Coaches’ Award | * Most Improved |
| * Most Improved | * Coaches’ Award |
| * Golden Helmet |  |
| * Walker Award |  |
|  |  |
| GOLF (Boys and Girls) | WRESTLING |
| * MVP | * MVP |
| * Best Putter | * Coaches’Award |
| * Most Improved | * Most Improved |
| CHEERLEADING |  |
| * Most Spirited |  |
| * Golden Megaphone   BOWLING   * Varsity- MVP (B/G) * High Game (B/G) * High Series (B/G) * Most improved (B/G) |  |

## CLINICS

It is vital that coaches keep up with new trends and ideas in their sport. It is also important that the administration and staff be supportive of each other.

We understand that our coaches work many, long hours at less than minimum wages with our young people during the season, weekends, and summers. It is beneficial to the morale and unity of the coaching staff to attend coaching clinics, tournaments, seminars, etc. As a group however, there certain guidelines.

1. This policy applies to full-time school employees who are members of the varsity or junior varsity coaching staffs.
2. The coaching staff or individual coach may attend two functions per fiscal year for a maximum of two school days each.
3. The cost of the function must be covered in the sport’s athletic budget, if feasible, or be paid by the coaches.
4. More than thirty (30) days prior to the event, the coach must:
   1. Have the approval of the building principal and the athletic director.
   2. Make arrangements for a substitute.
   3. Prepare lesson plans and educational materials for the classes that the coach will miss.

## MEDIA POLICY FOR STUDENT-ATHLETES PLAYING AT THE COLLEGIATE LEVEL

DIVISION I ATHLETES/ DIVISION II FULL SCHOLARSHIP

Any student-athlete receiving an athletic scholarship by a Division I institution or a full scholarship to a Division II institution will receive a press conference on the day of signing the National Letter of Intent.

DIVISION II PARTIAL/DIVISION III ATHLETES

Any student-athlete committing to play athletics at the Division II or Division III level; the athletic department in conjunction with both the head high school coach and head college coach will develop a press release about the student athlete. The press release will include information on high school accomplishments along with where and what sport he/she will be playing at the collegiate level.

## EMERGENCY TELEPHONE NUMBERS

AMBULANCE 911

POLICE 419 562 1006

FIRE DEPARTMENT 419 562 1234

HOSPITAL 419 562 4672

## TRANSPORTATION GUIDELINES

The Bucyrus City Schools will provide transportation for students to all away events when buses and drivers are available. Students will not be permitted to transport other students to or from any school sponsored away events. When school transportation is not available, parents may provide transportation provided they have proper liability and car insurance.

Parents will be responsible for providing transportation to and from home school events and facilities where school transportation is not provided.

Athletes are expected to ride to and from away contests by school-provided transportation. There may be occasions when a parent requests permission to transport his child home from an away contest. The coach should receive a written excuse from the parent **twenty-four hours in advance** and it is preferred that the coach see the parent face-to-face. The coach is not required to grant permission in such instances, however, if he does, the family needs to understand that they would be forfeiting any coverage under the Bucyrus City Schools insurance and that of the O.H.S.A.A.

State Law specifically states that there shall be no eating and drinking on the bus when traveling. Please assist the driver in enforcing this rule.

Before leaving the bus, please have athletes help in cleaning the bus and depositing trash in the trash container. Again, leave it better than you found it!

Many times drivers know how to get to the destination. However, they may need your assistance after reaching the town to find the specific building or location. It is the coach’s responsibility to have these directions. It is the driver’s responsibility to drive to the location, and that generally means that they have certain routes and roads that they feel are more safe and confident in traveling. Coaches may provide suggestions for routes to take, but it is the driver’s responsibility to establish which routes they actually travel.

The driver is not the chaperone in controlling the athletes. The coach must maintain order! Keep noise at a minimum and there must be complete silence at railroad crossings. The driver has his/her hands full with handling the bus and maintaining safe driving procedures. Please cooperate and assist with the driver’s wishes.

Please utilize the established Bus Seating Chart supplied to you for all tips. This seating chart will require the name, address, phone number, and seat assignment for each person on the bus. Since this is a more detailed expectation, these seating charts must be complete in advance and then handed to the bus driver when the trip is ready to leave. I would suggest that the coaches/advisors who transport their team/group regularly that they complete a seating chart that lists all of the participants. Once the initial one is completed, make a supply of copies. Then when it comes time for the trip, place the date and information on the top of the chart, cross off the name of any student(s) not going on the trip. This will make the process much simpler. Supplies of seating charts will be available in all school offices.

It is the responsibility of the principal or the athletic director to make sure that the seating chart is complete and accurate before the students leave the building. There is still a place for parents to sign off if they are transporting their student home after an event. Please make sure that this important step is completed correctly.

The State of Ohio is again stressing the part of the Ohio Revised Code that states that bus riders “must refrain from eating and drinking on the bus”. I know how often our young people take food and drink for after an event or to eat at/during their event. It is the responsibility of the coach/advisor to make sure that no food or drink is consumed on the bus. Kids will be kids and try to drink and eat while in route. The Bucyrus bus drivers have been in-serviced to not allow this to happen and I would appreciate the cooperation of the adult staff in making sure that the Ohio Revised Code is followed. The driver has the right and responsibility to stop the bus should there be any infractions of this rule.

## FACILITY USE APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Group** | |  | | | | | **Contact Persn** | | | |  | | | |
| **Address** | |  | | | | | **Contact Phone** | | | |  | | | |
| **Date of Rental** | |  | | | | | **Time** | | | |  | | | |
| **Description of Activity** | |  | | | | | | | | | | | | |
| **Premises Requested Check all that apply**  **Group A: Category 1 and 2, Group B: Category 3 and 4, Group C: Category 5** | | | | | | | | | | | | | | |
| **Facility** | | | **A** | **Group A Fee** | | | | **B** | | **Group B Fee** | | **C** | **Group C Fee** | |
| Classroom-Library | | |  | No Charge | | | |  | | $50 | |  | $100 | |
| Commons Lunchroom | | |  | No Charge | | | |  | | $150 | |  | $300 | |
| HS Little Theater | | |  | No Charge | | | |  | | $150 | |  | $300 | |
| HS/MS/BES Gymnasium | | |  | No Charge | | | |  | | $150 | |  | $300 | |
| Elementary Auditorium | | |  | No Charge | | | |  | | $150 | |  | $300 | |
| HS Outside Athletic Complex-No Lights | | |  | No Charge | | | |  | | $150 | |  | $300 | |
| Rehearsals | | |  | No Charge | | | |  | | Case by Case | |  | Case by Case | |
| Kitchen w/refreshment | | |  | No Charge | | | |  | | $50 | |  | $100 | |
| Kitchen w/meal | | |  | No Charge | | | |  | | $100 | |  | $200 | |
| HS Little Theater Lighting | | |  | No Charge | | | |  | | $50 | |  | $100 | |
| Elementary Auditorium Lighting | | |  | No Charge | | | |  | | $50 | |  | $100 | |
| Elementary Auditorium Sound | | |  | No Charge | | | |  | | $50 | |  | $100 | |
| **Extra Custodial Costs will be charged at the following Rate:**  **$30 per hour per custodian for Monday-Saturday and $40 per hour per custodian for Sunday and Holidays.** | | | | | | | | | | | | | | |
| **School employed technicians will operate all lighting and sound systems for a straight fee of $15 per hour –minimum of 4 hours** | | | | | | | | | | | | | | |
| Additional Needs | | | | | | | | | | | | | | |
| Item | Number | | Item | | Number | | | | Item | | | | | Number |
| Tables |  | | Chairs | |  | | | | U.S. Flag | | | | |  |
| Podium |  | | Microphone | |  | | | | Choir Riser | | | | |  |
| Coat Rack |  | | Projector | |  | | | | VCR/DVD | | | | |  |
| Floor Tarp |  | | Piano | |  | | | | Computer | | | | |  |
| Portable Stage |  | | Portable Lights | |  | | | | Spot Light | | | | |  |
| Special Needs: | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Food Service Needs: | | | | | | Total Food Service Fees: | | | | | | | | |
| Total Fees: | | | | | | Date: | | | | | | | | |
| I have read and understand the regulations and fees associated with the facility rental. I agree to comply by all rules and regulations and agree to pay the total fees to the Bucyrus City School District for the use of their facility | | | | | | | | | | | | | | |
| Rental Contact: | | | | | | Facility Director: | | | | | | | | |
| Building Principal: | | | | | | Food Service Director: | | | | | | | | |

## FUND RAISER REPORT

|  |  |  |  |
| --- | --- | --- | --- |
| **Fund Raiser Items Ordered** | |  |  |
| Quantity | Name of Items | Price | Total Cost |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
|  |  | $ | $ |
| **Total To Collect** | | | $ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fund Raiser Items Returned** | | | |  |  | |
| Quantity | Name of Items | | | Price | Total Cost | |
|  |  | | | $ | $ | |
|  |  | | | $ | $ | |
|  |  | | | $ | $ | |
| **Total Returned** | | | | | $ | |
| **Total of Money Collected ( Total to collect minus Total Returned)** | | | | | $ | |
| **Total Deposit with Treasurer** | | | | | $ | |
| \***Amount unaccounted for( Total Collected minus Total Deposited)** | | | | | $ | |
| \***Explain below or attach documentation as to why there is a difference** | | | | | | |
|  | |  |  | | |  |
| Advisor Signature | | Date | Principal Signature | | | Date |
|  | |  |  | | |  |
| Treasurer’s Signature | | Date | Superintendent’s Signature | | | Date |

## ~~ATHLETIC TIME SHEET~~

|  |  |  |  |
| --- | --- | --- | --- |
| ~~Name:~~ |  | ~~Social Security #~~ |  |
| ~~Building:~~ |  | ~~Position:~~ |  |
| ~~Address:~~ |  | ~~City State Zip~~ |  |

|  |  |  |
| --- | --- | --- |
| ~~Date~~ | ~~Activity worked~~ | ~~\*Amount Paid~~ |
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* ~~WILL NOT BE PAID WITHOUT SUPERVISOR’S APPROVAL~~

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| --- | --- |
|  |  |
| ~~Supervisor’s Approval~~ | ~~Date~~ |

## END OF SEASON REPORT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coach:** |  | **Sport:** |  | **Year:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Season Record:** |  | **League Record:** |  | **League Standing:** |  |

1. Please Type or Print all Information.
2. Hand in all forms even though you may have nothing to list on that part.
3. When completing the budget request sheet, please list the items according to priority of need. That is, the first item on the list is the most important.
4. Middle School items will be handled through your report. You are responsible for the entire program. Please get all important information from your Middle School coaches and share in this report.
5. Please be thorough! Include all important information and request that your feel I need to have at my disposal.

**Season Resume**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coach:** |  | **Sport:** |  | **Year:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| This is a permanent record, be as precise as possible. Make sure to state place for large meets and Invitational. | | | | | |
| Date | **Opponent** | **Place** | **Score** | **Win** | **Loss** |
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**Season Comments and Suggestions**

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| **Comments: (List special team or individual accomplishments):** |
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| **List any records set: ( Individual, season, career, league, team):** |
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| **Problem Areas or Concerns:** |
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| **Suggestions for next year:** |
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**Award Recommendations**

**Varsity**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name: (A-Z)** | **Grade** | **Award (1st-4th)** | **Special Awards** |
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**Award Recommendations**

**Junior Varsity**

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| --- | --- | --- | --- |
| **Name: (A-Z)** | **Grade** | **Award (1st-4th)** | **Special Awards** |
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**Award Recommendations**

**Middle School**

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| --- | --- | --- | --- |
| **Name: (A-Z)** | **Grade** | **Award (1st-4th)** | **Special Awards** |
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**Equipment and Uniform Inventory**

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Number** | **Good** | **Fair** | **Poor** | **Comments** |
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**Budget Request**

|  |  |  |  |
| --- | --- | --- | --- |
| **Priority** | **Quantity** | **Description** | **Approximate Cost** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
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| **7** |  |  |  |
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| **22** |  |  |  |
| **23** |  |  |  |
| **24** |  |  |  |
| **25** |  |  |  |

\*Bus seating chart included in proposed document.