

Pledge Together

Remembering ADAM Inc. Volunteer Drug Screening Program ©

Objective: *While participating in Pledge Together, student participants will demonstrate a more positive attitude toward drug free living and will report using drugs less frequently.*

How Does It Work?

Pledge Together is a volunteer drug screening program. This program is a substance abuse prevention tool for students, designed to provide encouragement, guidance, and positive reinforcement to be drug free. Students in the designated grade levels are eligible to join. The program is voluntary and no action is taken toward students who choose not to participate. Students who join this program are encouraged to make a pledge to live a drug free lifestyle.

In order for students to join the program, the student and their parent/legal guardian will sign a consent form giving their permission to join. The parent/legal guardian will also sign a “Release Hold Harmless Agreement”. This agreement releases Remembering ADAM, the school district and all entities from any legal action. *See attached forms.*

Participating students will sign a pledge card and poster that states their commitment NOT to use tobacco, alcohol, and other illegal drugs. Students will keep the pledge card, and the poster will hang inside the school. Each student will receive a Remembering ADAM magnet. Hanging this magnet inside their locker will reinforce their commitment to the program. Parents will receive a Remembering ADAM magnet that states “My child belongs to Remembering ADAM”. Displaying this magnet at home will reinforce the student’s pledge in the home environment.

Participating student names are mixed together and at random days and times throughout the school year a Remembering ADAM school appointed advisor will randomly draw a student name. At that time the student will be notified, and testing will be conducted within the same school day. Once the drug screening process is completed and the student has received a PASS result on their drug screen he/she will receive an award certificate and a tee shirt which states “Remembering ADAM” over the front left pocket and on the back “A +” “Drug Screen” “Passed”. It is the choice of the student to accept/wear the shirt. The Remembering ADAM school appointed advisor will contact the parent/legal guardian by phone to inform them their child was drug screened and the results. For more information please read the enclosed *Pledge Together* Remembering ADAM Volunteer Drug Screening Procedure.

Students who are taking medications are eligible to participate in the program. It is the responsibility of the parent/legal guardian to provide the Remembering ADAM school appointed advisor with a list of medications. All Remembering ADAM school appointed advisors have been provided with a list of medications developed by a pharmacist that could result in a FAILED screen.

Remembering ADAM has developed an anonymous survey with questions concerning usage, interest, risk, and disapproval of tobacco, chewing tobacco, alcohol, marijuana and other illegal drugs. On the parent/legal guardian consent *form B*, you may check the box if you do not want your child to participate in the survey; if the box is not checked your child will automatically participate in the survey. A copy of the survey is on file at your school district.

This program differs from other prevention programs because it is an environmental approach to substance abuse prevention. An environmental approach creates change among a large number of individuals. The student's pledge to living a drug free lifestyle could create change among anyone who is involved with the student, which may include family, peers, teachers and communities.

For any questions or more information contact your school district or Remembering ADAM at:

814-954-1556

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Pledge Together Remembering ADAM Volunteer Drug Screening Procedure

1. The participating student must sign the “Student Consent” *form A* and their parent/legal guardian must sign the “Parent/Legal Guardian Consent” *form B* and the “Release and Hold Harmless Agreement” *form C*. See attached forms. The Remembering ADAM school appointed advisor will inform the students of the return process for these forms.
2. Students who are taking medications are eligible to participate in the program. It is the responsibility of the parent/legal guardian to provide the Remembering ADAM school appointed advisor with a list of medications. This list will be attached to the student’s enrollment form and will be kept confidential. All Remembering ADAM school appointed advisors have been provided with a list of medications developed by a pharmacist that could result in a FAILED screen.
3. Student participant names will be mixed together and names will be randomly selected at any given day and time throughout the school year.
4. On the day of the screening, a Remembering ADAM school appointed advisor will randomly choose a student’s name. The advisors will determine the best way to notify the selected students. If the student is not in attendance that day, another student name will be selected.
5. There will be various screening kits available that identify different substance(s) to be screened. The student will randomly select their screening kit to be used. *See number 14 for a list of screening substances.*
6. The Remembering ADAM school appointed advisor will request the student to provide a urine or saliva sample, which will be screened for the identified substance(s). If the student randomly selects an alcohol screen, the student will provide a saliva sample. The alcohol screen is a strip that is placed inside the student’s mouth to obtain the saliva sample. If the sample is urine, the student will be provided with a specimen cup and will have complete privacy while providing the urine sample. The student will use a nonpublic restroom to provide the sample. The Remembering ADAM school appointed advisor will immediately screen the student urine while the student is present. Student screening results are confidential.
7. PASS Result
 - a. If the identified substance(s) is not found in the student urine or saliva sample, the student will be provided with an award certificate stating his/her name, the drug screened, the date, the Remembering ADAM school appointed advisor name, and school district. The student will receive a Remembering ADAM volunteer drug screening tee shirt. “Pledge Together Remembering ADAM” is written over the front left pocket and on the back “A+” “Drug Screen” “Passed”. The parent/legal guardian will be contacted by phone with the screening result.
8. FAILED Result
 - a. If the identified substance(s) is found in the screened urine or saliva sample the same urine sample will be rescreened with a new kit for the same substance(s) to confirm the original screening. For alcohol, a new kit will be used and a new saliva sample will be taken.
 - b. If the identified substance(s) is found in the second screening, the Remembering ADAM school appointed advisor will contact the parent/legal guardian to complete a “Medication Checklist”. This form asks questions concerning prescription medication, over the counter medication, and herbal remedies. Any prescribed medications will be compared to the list of medications that could screen positive. This prescribed medication list was prepared by a registered pharmacist. All Remembering ADAM school appointed advisors are held to HIPAA and confidentiality laws.
9. If after contacting the parent/legal guardian and having the “Medication Checklist” reviewed and there is no medically noted reason for a FAILED result the following steps should be taken:
 - a. A meeting with the student, parent/ legal guardian, and the Remembering ADAM school appointed advisor will be scheduled. This meeting should occur within 72 hours. If the parent/legal guardian cannot or will not attend the scheduled meeting within the 72 hour timeframe the student will be immediately referred to the SAP (Student Assistance Program) Team. Please see your student handbook for more information about the SAP Team. If a parent/legal guardian is unable to attend within the 72 hour

- timeframe due to extenuating circumstances, it is the discretion of the Remembering ADAM school appointed advisors as to how to proceed.
- b. At the scheduled meeting the interpretation of the urine or saliva screening result will be reviewed by the parent/legal guardian, student, and Remembering ADAM school appointed advisor along with the “Medication Checklist”. Upon the review of the screened sample a recommendation could be made to the parent/legal guardian that the student be referred to the SAP Team.
 - c. Once a student is referred to the SAP Team, Remembering ADAM protocol is no longer in affect and the SAP Team protocol takes precedence. The student will remain a member of the Remembering ADAM Program if all recommendations from the SAP Team are completed. Written documentation of completed SAP Team recommendations must be provided to the Remembering ADAM school appointed advisor.
 - d. If the parent/legal guardian/student refuses the recommendation to be referred to the SAP Team the student is immediately dismissed from the Remembering ADAM Program and no further action is taken by Remembering ADAM or the school district.
10. Refusal of the student to be screened or provide a urine sample when randomly selected:
- a. If the randomly selected student refuses to be screened, the Remembering ADAM school appointed advisor will immediately contact the parent/legal guardian to schedule a meeting within the 72 hour timeframe. If the selected student cannot provide a urine sample they have until the beginning of the last class period of the day to provide a sample. If they do not it will be considered a refusal and number 10 a through c should be followed. If the parent/legal guardian cannot or will not attend the scheduled meeting within the 72 hour timeframe the student should be immediately referred to the SAP Team. If a parent/legal guardian is unable to attend within the 72 hour timeframe due to extenuating circumstances it is the discretion of the Remembering ADAM school appointed advisors as to how to proceed.
 - b. At the scheduled meeting the student, parent/legal guardian and the Remembering ADAM school appointed advisor will discuss with the student his/her reason for refusing to be screened. If the student admits to using an illegal substance a recommendation will be made to the parent/legal guardian that the student be referred to the SAP Team. If the parent/legal guardian/student refuses the recommendation to be referred to the SAP Team the student is immediately dismissed from the Remembering ADAM Program and no further action is taken by Remembering ADAM or the school district.
 - c. If the student is referred to the SAP Team, Remembering ADAM protocol is no longer in affect and the SAP Team protocol takes precedence. The student will remain a member of the Remembering ADAM Program if all recommendations from the SAP Team are completed. Written documentation of completed SAP Team recommendations must be provided to the Remembering ADAM school appointed advisor.
11. Once a student has joined the program for the designated school year they cannot withdraw from the program without written parent/legal guardian consent. Membership is only for the current school year.
12. Any student who participates in the *Pledge Together* Remembering ADAM Volunteer Drug Screening Program who exhibits inappropriate behavior concerning the program could be dismissed from the program. Inappropriate behavior will be determined by the Remembering ADAM school appointed advisors.
13. Once a student is screened, his/her name is put back into the mix of participating students and could be randomly screened again.
14. The following drugs may be screened:
- a. Amphetamines- (example- Ritalin, Adderall, etc.)
 - b. Benzodiazepines- (example- Valium, Xanax, etc.)
 - c. Marijuana
 - d. Cocaine
 - e. Opiates- (example- prescription painkillers –OxyContin, Percocet, heroin, etc.)
 - f. Ecstasy
 - g. Alcohol (mouth swab)
 - h. 5 panel-cocaine, amphetamine, marijuana, opiates, PCP
15. Remembering ADAM requires the total number of screenings per year to be equal to at least 1/3 of the students enrolled in the program with a minimum of 4% of the students being screened each month.

FORM A – Student Consent – Please Complete and Sign

I (please print name) _____ voluntarily agree to be randomly screened for illegal drugs and alcohol.

Grade: _____ **Date of Birth:** _____ **Shirt Size:** _____

Signature: _____ **Date:** _____



FORM B – Parent/Legal Guardian Consent – Please Complete and Sign

As a parent/legal guardian of _____ (print student’s name), I have read and understand the *Pledge Together* Remembering ADAM Volunteer Drug and Alcohol Screening Program procedure. I agree to allow my child to be screened for the use of illegal substances if his/her name is randomly selected from the mix of participating students. I give my permission for my child to participate in the *Pledge Together* Remembering ADAM Volunteer Screening Program anonymous student survey.

Parent/Legal Guardian (Print): _____

Signature: _____ **Date:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

I do not want my child to participate in the *Pledge Together* Remembering ADAM Voluntary Drug Screening Student Survey.



FORM C – Release and Hold Harmless Agreement – Please Complete and Sign

Parent/Legal Guardian:

As a parent/legal guardian of _____ (student’s name) I have executed the form entitled “Parent’s Consent.” I also do acknowledge that I have read and understand the *Pledge Together* Remembering ADAM Inc. Volunteer Drug Screening Program Procedure. Therefore, intending to be legally bound by the Pennsylvania Written Obligations Act, I do hereby release and hold harmless the _____ School District it’s employees and volunteers, and any other entity or individual involved in the *Pledge Together* Remembering ADAM Inc. Volunteer Drug Screening Program from any legal liability, including but not limited to the administration of the voluntary drug and alcohol screenings and the use of screening results. I understand that by signing this agreement I give up any right that I may have to bring a law suit or take legal action on my or the above-named student’s behalf for any event or occurrence arising out of the above-named student’s participation in the *Pledge Together* Remembering ADAM Inc. Volunteer Drug Screening Program.

I am signing this voluntarily and of my own free will this ____ day of _____, 20__ .

Parent/Legal Guardian (Print): _____

Signature: _____

Witness: _____