

**The Doctor's Office Urgent Care  
556 Passaic Avenue  
West Caldwell, NJ 07006**

**General Phone:** (973) 808-2273

**Fax Number** (973) 808-2287

**Directions to the Doctors' Office Urgent Care**

Make a right hand turn out of the school's driveway and proceed to the traffic light. Make a left hand turn onto Passaic Avenue. Travel 2 miles on Passaic Avenue. The Doctor's Office Urgent Care facility is just past the intersection of Bloomfield Avenue in the entrance directly before the old Shoprite Supermarket.

**Hours of operation: Monday through Friday 8:00 am to 10:00 pm.  
Saturday & Sunday 8:00 am to 8:00 pm**

**\*\*\*STUDENTS MUST HAVE A PICTURE ID WITH THEM**

**\*\*\*As outlined in New Jersey Statutes (N.J.S.A. 18A: 40A-12) students suspected of being under the influence must report immediately to the testing facility upon departure from the school building. There is no provision in the statute that allows for any delay or deviation in accessing medical care.**

All specified tests completed by The Doctors' Office Urgent Care are at the expense of the West Essex Board of Education.

**For afterhours testing you must arrive 45 minutes prior to closing in order to complete the testing process.**

Parents may elect to have the required tests performed by their own health care provider at their own expense, however, the testing cut-off levels and substances tested for must be identical to the West Essex panel.

# West Essex Regional School District Nurse's Examination

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

**Physical Examination:**

B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respirations: \_\_\_\_\_ Temperature: \_\_\_\_\_

E.E.N.T.  
\_\_\_\_\_

Pupil Size/Response:  
\_\_\_\_\_

General Appearance:  
\_\_\_\_\_

Orientation to Time and Place:  
\_\_\_\_\_

Coordination/Speech:  
\_\_\_\_\_

Health History:  
\_\_\_\_\_

Medications:  
\_\_\_\_\_

Parent Notified: Yes \_\_\_\_\_ No: \_\_\_\_\_ Time \_\_\_\_\_

Transported By:  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of School Nurse**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**DATE**

## Parent Acknowledgement

**I (we) understand that it is my (our) responsibility pursuant to NJ: 18A: 40A-12 to immediately take our son/daughter for a medical examination and chemical screening.**

The chemical screening must be completed under the guidelines and protocols established by the medical director and nursing staff of the testing facility. A copy of Board of Education Policy 5530 & 5600 with respect to student use or possession of Drugs, Alcohol, and Tobacco. is available upon request.

Parents may take their child to the school’s contracted provider, **The Doctors’ Urgent Care 556 Passaic Avenue West Caldwell, NJ 07006**. All costs for these services will be assumed by the West Essex Board of Education. You have the right to utilize a private health care provider; however, the testing panel must be identical, and the expenses associated with your visit must be borne by you.

**Your son or daughter will be medically excused from school for the remainder of the day, and may only return on the next day with a completed Physician’s Statement form indicating that they have submitted to a chemical screening in a timely manner, and that the physician has deemed them physically and mentally able to return to school tomorrow morning.**

For students who wish to resume athletic practice or competition, or other Co-curricular or extra-curricular activities the physician’s statement must include approval to do so.

Results of the chemical screening may not be available for several days. When available the results must be sent confidentially to the school designee listed on the Physician’s Statement form. Information will only be shared by the student assistance counselor with school administrators on a “need to know” basis.

**I understand the information set forth in this document, and have been offered a copy of the complete policy. I understand that a positive urine test will result in my child being suspended from school, and the need for a mandatory chemical dependency evaluation by a state certified facility.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Administrator Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

# Physician's Statement

**In order for your child to continue regular school attendance this document must be received indicating that they are physically and mentally able to do so.**  
**STUDENTS WILL BE MEDICALLY EXCUSED FROM ALL SCHOOL ACTIVITIES FOR THE REMAINDER OF THE DAY.**

**Date:** \_\_\_\_\_

**Student Must Have a Picture I.D.**

**To: West Essex Senior High School  
65 West Greenbrook Road  
North Caldwell, N.J.07006  
Office of Student Assistance  
Anthony V. Emering, M.A., L.P.C.  
(973) 228-1200 extension 255  
(973) 632-2142 Cell Phone  
(973) 618-1158 FAX**

**Student:** \_\_\_\_\_

**Student #** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I certify that I have examined the above referenced student and in addition I have collected a specimen which has been submitted for chemical screening for known illicit substances of abuse. Based upon the results of my examination, I assert that this student is physically and mentally able to return to school tomorrow morning. I will forward the results of any urine or blood testing to the school designee listed above, as soon as they are available.

**Date of Examination:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Time:** \_\_\_\_\_ AM / PM

**Physician's Signature:** \_\_\_\_\_

**Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For students participating in extra curricular or co-curricular activities:**

I further assert that the above referenced student is physically and mentally able to participate in athletic practice or competition, or any other school related activity on the next calendar day.

**Physician's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**West Essex Regional School District  
65 West Greenbrook Road North Caldwell, N.J. 07006**

Anthony V. Emering, M.A., L.P.C.  
Office of Student Assistance Counselor  
(973) 228-1200 Ext. 255 (973) 228-5774 FAX

**Request for Chemical Screening**

**Date:** \_\_\_\_\_

**Student Must Have a Picture I.D.**

**Time:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Student #** \_\_\_\_\_

Dear Physician:

New Jersey Law (18A:40A-12) and the policy adopted by the West Essex Board of Education requires an immediate medical examination of any student thought to be under the influence of alcohol or a controlled dangerous substance. "The student shall be examined as soon as possible for the purpose of diagnosing whether the student is under such influence." The West Essex Board of Education Policy requires that the chemical screening be completed at the cut-off values listed below. Students who fail to submit to a chemical screening; tamper with the specimen; admit use of a substance; or engage in any behaviors aimed at making the test results inconclusive; will be considered in violation of the policy. The student is required to be tested for **alcohol** (a breath alcohol test is acceptable in place of testing for alcohol in urine.) and also for the other listed drugs of abuse at the cut-off levels indicated:

<b><u>Drug of Abuse:</u></b>	<b><u>Screening Threshold:</u></b>	<b><u>Confirmation Threshold:</u></b>
<b>Amphetamines</b>	<b>= or &gt; 500 Ng/ml</b>	<b>= or &gt; 250 Ng/ml</b>
<b>M.D.M.A.</b>	<b>= or &gt; 500 Ng/ml</b>	<b>= or &gt; 250 Ng/ml</b>
<b>Benzodiazepines</b>	<b>= or &gt; 200 Ng/ml</b>	<b>= or &gt; 200 Ng/ml</b>
<b>Barbiturates</b>	<b>= or &gt; 200 Ng/ml</b>	<b>= or &gt; 200 Ng/ml</b>
<b>Marijuana</b>	<b>= or &gt; 50 Ng/ml</b>	<b>= or &gt; 15 Ng/ml</b>
<b>Synthetic Cannabinoids</b>	<b>= or &gt; 50 Ng/ml</b>	<b>= or &gt; 15 Ng/ml</b>
<b>Cocaine</b>	<b>= or &gt; 150 Ng/ml</b>	<b>= or &gt; 100 Ng/ml</b>
<b>Opiates</b>	<b>= or &gt; 2000 Ng/ml</b>	<b>= or &gt; 2000 Ng/ml</b>
<b>Phencyclidine</b>	<b>= or &gt; 25 Ng/ml</b>	<b>= or &gt; 25 Ng/ml</b>
<b>Methadone</b>	<b>= or &gt; 300 Ng/ml</b>	<b>= or &gt; 300 Ng/ml</b>
<b>Propoxyphene</b>	<b>= or &gt; 300 Ng/ml</b>	<b>= or &gt; 300 Ng/ml</b>
<b>Oxycodone/Oxymorphone</b>	<b>= or &gt; 100 Ng/ml</b>	<b>= or &gt; 100 Ng/ml</b>
<b>Alcohol</b>	<b>.02 Mg/Dl</b>	<b>.02 Mg/Dl</b>

A written report of the medical examination along with the laboratory test results report must be submitted to the school designee listed at the top of this form as soon as they are available. **Refusal or failure to comply with these provisions, which are detailed in New Jersey Statute 18A:40A-12 shall be deemed a violation of the compulsory education and/or child neglect laws and a report to the Division of Child Protection will be made.**

**For School Use Only.**  
**Student Reasonable Suspicion Report**

Please complete this form and return to Tony Emering's mailbox ASAP.

**\*\*Please note that this information must remain completely confidential in accordance with Federal Confidentiality Regulation 42CFR.**

Student's Name/Grade: \_\_\_\_\_

Date and Time of Observation: \_\_\_\_\_

School or Activity Location: \_\_\_\_\_

**Observations**

**Speech:**

Normal _____	Incoherent _____	Confused _____
Slurred _____	Shouting _____	Rambling / over-productive _____
Slobbering _____	Boisterous _____	Abnormal Stutter _____
Hoarse _____	Whining _____	Crying _____
Slow _____	Silent when spoken to _____	

**Balance/Ability to Walk:**

Normal _____	Swaying _____	Staggering _____
Falling _____	On hands/knees _____	Arms raised for balance _____
Grasping for support _____		Moved in circles _____

**Awareness:**

Normal _____	Confused _____	Sleepy or stupor _____
Paranoid _____	Lack of coordination _____	Sleeping in class _____

**Demeanor:**

Normal _____	Fighting _____	Excited _____
Hilarious _____	Sleepy _____	Cooperative _____
Polite _____	Indifferent _____	Crying _____
Antagonistic _____	Calm _____	

**Actions:**

Normal _____	Punching _____	Kicking _____
Profanity _____	Resisting _____	
Threatening _____	Difficult to awaken _____	

**Eyes:**

Normal _____	Watery _____	Pupils Non-Reactive _____
Clear _____	Droopy Lids _____	Pinpoint Pupils _____
Bloodshot _____	Fully Dilated _____	Glasses? ___yes ___no
Glassy Eyed _____		

**Clothing:**

Normal _____	Disheveled _____	Dirty _____
Vomited on _____	Urinated in clothes _____	

**Movement of Hands:**

Normal _____	Fumbling _____	Slow _____
--------------	----------------	------------

**Face:**

Normal _____	Flushed _____	Pale _____
Odor of smoke _____	Odor of Alcohol _____	