Mountainside Family Practice
799 Bloomfield Avenue
2nd Floor
Verona, New Jersey 07044

General Phone: (973) 746-7050
Office Manager (973) 259-3574
Fax Number (973) 857-2831

Directions to Mountainside Family Practice

Follow Bloomfield Avenue East, towards Verona. Once you pass Caldwell College, Montclair Family Practice is located ½ mile on your right. It is located in a brick building with the number 799 on top of it. Park in the lot, and proceed to the second floor.

Hours of operation: Monday, Tuesday & Thursday 9am to 8 pm.
Wednesday & Friday 9am to 5 pm
Saturday 9am to 12pm

***STUDENTS MUST HAVE A PICTURE ID WITH THEM

***Chemical Screenings for students suspected of being “under the influence” must be performed within a two hour window per Board of Education Policy #5530.

All specified tests completed by Mountainside Family Practice are at the expense of the West Essex Board of Education.

Parents may elect to have the required tests performed by their own health care provider at their own expense.
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 within the allotted two hour window, as set forth in West Essex School District Board Policy 5530 & 5600 with respect to student use or possession of Drugs, Alcohol, and Tobacco. A copy of the entire policy is available upon request.

Parents may take their child to the school’s contracted provider, Mountainside Family Practice, located at 799 Bloomfield Avenue Verona, NJ 07044. 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 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 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 received a copy of the complete policy. I understand that a positive urine test result will result in my child being suspended from school, and the need for a mandatory chemical dependency evaluation.

____________________________________  ____/____/______
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: ______/______/_____

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

Re: ________________________________

I.D. # _______________________________

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 and Time of Examination: ________________________________

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: ______/______/_____


Request for Chemical Screening

Date: _______________________
Time: _______________________
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 within a two hour window at the cut-off values listed below. Students who fail to submit to a chemical screening within the two hour time limit will be considered in violation of the policy. The student is required to be tested for alcohol and also for the other listed drugs of abuse at the cut-off levels indicated:

<table>
<thead>
<tr>
<th>Drug of Abuse</th>
<th>Screening Threshold:</th>
<th>Confirmation Threshold:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamines</td>
<td>= or &gt; 500 Ng/ml</td>
<td>= or &gt; 250 Ng/ml</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>= or &gt; 500 Ng/ml</td>
<td>= or &gt; 250 Ng/ml</td>
</tr>
<tr>
<td>M.D.M.A.</td>
<td>= or &gt; 500 Ng/ml</td>
<td>= or &gt; 250 Ng/ml</td>
</tr>
<tr>
<td>Benzodiazepines</td>
<td>= or &gt; 200 Ng/ml</td>
<td>= or &gt; 200 Ng/ml</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>= or &gt; 200 Ng/ml</td>
<td>= or &gt; 200 Ng/ml</td>
</tr>
<tr>
<td>Cannabinoids</td>
<td>= or &gt; 50 Ng/ml</td>
<td>= or &gt; 15 Ng/ml</td>
</tr>
<tr>
<td>Cocaine</td>
<td>= or &gt; 150 Ng/ml</td>
<td>= or &gt; 100 Ng/ml</td>
</tr>
<tr>
<td>Opiates</td>
<td>= or &gt; 2000 Ng/ml</td>
<td>= or &gt; 2000 Ng/ml</td>
</tr>
<tr>
<td>Phencyclidine</td>
<td>= or &gt; 25 Ng/ml</td>
<td>= or &gt; 25 Ng/ml</td>
</tr>
<tr>
<td>Methadone</td>
<td>= or &gt; 300 Ng/ml</td>
<td>= or &gt; 300 Ng/ml</td>
</tr>
<tr>
<td>Propoxyphene</td>
<td>= or &gt; 300 Ng/ml</td>
<td>= or &gt; 300 Ng/ml</td>
</tr>
<tr>
<td>Oxycodone/Oxymorphine</td>
<td>= or &gt; 300 Ng/ml</td>
<td>= or &gt; 150 Ng/ml</td>
</tr>
<tr>
<td>Ethanol</td>
<td>.02 gm/Dl</td>
<td>.02 gm/Dl</td>
</tr>
</tbody>
</table>

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 Youth and Family Services will be made.
**Student Reasonable Suspicion Report (ATOD)**

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

<table>
<thead>
<tr>
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<th>Incoherent</th>
<th>Confused</th>
<th>Slurred</th>
<th>Shouting</th>
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<td>Sleepy or stupor</td>
<td>Paranoid</td>
<td>Lack of coordination</td>
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<td>Fighting</td>
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<td>Hilarious</td>
<td>Sleepy</td>
<td>Cooperative</td>
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<tr>
<td>Actions:</td>
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<td>Punching</td>
<td>Kicking</td>
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<tr>
<td>Eyes:</td>
<td>Normal</td>
<td>Watery</td>
<td>Pupils Non-Reactive</td>
<td>Clear</td>
<td>Droopy Lids</td>
<td>Pinpoint Pupils</td>
<td></td>
<td>Fully Dilated</td>
<td>Glasses?</td>
<td>yes</td>
<td>no</td>
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<td>Clothing:</td>
<td>Normal</td>
<td>Disheveled</td>
<td>Dirty</td>
<td>Vomited on</td>
<td>Urinated in clothes</td>
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