

**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: _____/_____/_____

**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) 618-1158 FAX

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:

<u><i>Drug of Abuse:</i></u>	<u><i>Screening Threshold:</i></u>	<u><i>Confirmation Threshold:</i></u>
Amphetamines	= or > 500 Ng/ml	= or > 250 Ng/ml
Methamphetamine	= or > 500 Ng/ml	= or > 250 Ng/ml
M.D.M.A.	= or > 500 Ng/ml	= or > 250 Ng/ml
Benzodiazepines	= or > 200 Ng/ml	= or > 200 Ng/ml
Barbiturates	= or > 200 Ng/ml	= or > 200 Ng/ml
Cannabinoids	= or > 50 Ng/ml	= or > 15 Ng/ml
Cocaine	= or > 150 Ng/ml	= or > 100 Ng/ml
Opiates	= or > 2000 Ng/ml	= or > 2000 Ng/ml
Phencyclidine	= or > 25 Ng/ml	= or > 25 Ng/ml
Methadone	= or > 300 Ng/ml	= or > 300 Ng/ml
Propoxyphene	= or > 300 Ng/ml	= or > 300 Ng/ml
Oxycodone/Oxymorphone	= or > 300 Ng/ml	= or > 150 Ng/ml
Ethanol	.02 gm/Dl	.02 gm/Dl

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

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___	Partly dressed___

Movement of Hands:

Normal___	Fumbling___	Slow___
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Face:

Normal___	Flushed___	Pale___
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Odor of smoke _____ Odor of Alcohol _____