

Chemical Substance Screening Notification

If your child is suspected of being under the influence of drugs or alcohol at any time during the field trip he/she shall be attending, the North Hunterdon-Voorhees Regional High School District has a legal duty to take certain actions. The Board of Education policy, the Administrative Code of the State of New Jersey (N.J.A.C. 6A:16-3.1, et seq.) and New Jersey State Law (N.J.S.A. 18A:40A-12) require the following actions:

- Upon parental notification of the situation, your child must immediately undergo a physical examination by a physician and receive a chemical screen within two hours of parent contact.
- The physician must complete both pages of the attached form labeled Chemical Substance Screening Report form. We have included this form for your information. (Page 1 and 2 of this packet).
- As stated above, the Chemical Substance Screening Report is to be completed within two (2) hours of parent contact. The results shall be faxed or delivered to the Superintendent, Administrative Principal or Student Assistance Counselor within twenty-four (24) hours of parent contact. The fax number that this form shall be sent to is (908) 713-4157.
- You, the parent/guardian, must sign the Information Release form that is also attached to this notice, and return it with the other field trip forms. (Page 3 of this packet).

Your child will not be permitted to join in the activities of the field trip or return to school until (1) a physician has seen him/her, (2) the physician deems your child capable of returning to school, and (3) the Chemical Substance Screening Report form is completed and returned to school. If the physician clears your child, he/she may return to school or rejoin the field trip pending the results of the chemical screen. If the screen is positive, your child will receive a ten-day out of school suspension.

In addition, if your child is not cleared to return to school or the field trip, he/she must return home and will not be permitted to rejoin the field trip. Your child also shall not resume attendance at school until he/she submits to the principal a written report from the physician who conducted the original examination stating your child is physically and mentally able to return to school.

The Student Assistance Program provides confidential counseling for students, including education, prevention and intervention. Your child will be required to attend five (5) sessions with the Student Assistance Counselor. The counselor and your child will arrange the sessions. If your child does not attend, you will be notified. If you have any questions, please contact the District's Substance Awareness Counselor.

We appreciate your cooperation.

**CHEMICAL SUBSTANCE SCREENING REPORT**

Dear **Physician;**

New Jersey Law, 18A:40A-12, N.J.A.C. (6:29-6.5) requires an immediate medical examination of any student thought to be under the influence of alcohol or other substances as defined in Section 2 of PL 1970 C266 (C24:21-2) or any chemical or chemical compound which releases vapors or fumes causing a condition of intoxication, inebriation, excitement, stupefaction or dulling of the brain or nervous system. Further, any substances taken for the purpose other than the treatment of sickness or injury as prescribed or administered by a person duly authorized by law to treat the sick and injured human being.

Screen cutoffs are indicated on page two (2). Please forward full lab report as soon as it is available – Fax 908-713-4157

The administration and nurse at North Hunterdon High School have noted aberrant behavior (as checked below) on the part of one of our students - _____ who is _____ years of age and in grade _____.

School's Observations (check box)

Date _____

Time _____

- ☐ Drowsiness
- ☐ Alcohol on breath
- ☐ Smell of marijuana
- ☐ Agitation
- ☐ Uncoordinated
- ☐ Dilated or constricted pupils
- ☐ Inappropriate responses or ideas
- ☐ Hallucinations
- ☐ Mental confusion / disorientation
- ☐ Slurred speech

Physician's Observations (please comment)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

School Administrator's Comments

School Administrator's signature _____

Physician's Comments _____

Physician's initials _____

PHYSICIAN, PLEASE FILL OUT AND SIGN BOTH PAGES

Students Name _____

CHECK APPROPRIATE SUBSTANCES INCLUDED IN URINE SCREEN**The followings tests/screens were competed** (check and fill in all that apply);

- ☐ Physician, please perform regular chemical screening urine test to include alcohol (indicate result)
- | | | |
|--------------------------------------------|------------|-------------------|
| <input type="checkbox"/> Amphetamine | 1000 ng/mL | (required cutoff) |
| <input type="checkbox"/> Barbiturates | 200 ng/mL | (required cutoff) |
| <input type="checkbox"/> Benzodiazepines | 300 ng/mL | (required cutoff) |
| <input type="checkbox"/> Cannabinoids(THC) | 50 ng/mL | (required cutoff) |
| <input type="checkbox"/> Cocaine | 300 ng/mL | (required cutoff) |
| <input type="checkbox"/> Opiates | 300 ng/mL | (required cutoff) |
| <input type="checkbox"/> Phencyclidine | 25 ng/mL | (required cutoff) |
| <input type="checkbox"/> Methadone | 300 ng/mL | (required cutoff) |
| <input type="checkbox"/> Propoxyphene | 300 ng/mL | (required cutoff) |
| <input type="checkbox"/> _____ | _____ | |
| <input type="checkbox"/> _____ | _____ | |

- ☐ Physician, please perform alcohol screening (saliva or urine)

Date of examination: _____

Time of examination: _____

- ☐ Based on an examination without the benefit of a drug screen the student **does not appear to be impaired** at this time and is physically and mentally able to return to school pending laboratory results.
- ☐ Based on an examination without the benefit of a drug screen the student **appears to be impaired**.

Observation: _____

Examining nurse _____

Physician's signature _____ Date _____

Physician MUST be an MD or DO according to NJ Code 6A:16-4.3 – PA is not sufficient

Physician's name (PRINT) _____

Clinic Name _____ Phone _____

Please forward full lab report to Glenn Graham as soon as it is available – Confidential Fax 908-638-2185

PARENT / STUDENT MUST RETURN COMPLETED FORMS TO
ADMINISTRATIVE PRINCIPAL OR STUDENT ASSISTANCE COUNSELOR
WITHIN 24 HOURS – FAX # 908-713-4157