Paterson Public Schools

Student Support Services
90 Delaware Avenue
Paterson, New Jersey 07503
Office: 973-321-0694
Fax: 973-321-0394

Laurel Olson, MA, SAC, LPC
Supervisor of Student Support Services
SAC & Social Emotional Learning
Email: lolson@paterson.k12.nj.us

PARENT CONSENT FORM - PERSONAL DOCTOR

_____ (Student's name) was suspected of being under the influence/in possession or distributing a controlled dangerous substance or counterfeit controlled substance in school or on school grounds. In accordance with state law N.J.S.A 18A:40A-12 and the Paterson Public School District Drug/Alcohol Policy #5530 mandates a medical evaluation, drug/alcohol screen, extended opiate panel and breathalyzer for students suspected of being under the influence/in possession or distribution of controlled dangerous substance in school or on school grounds. All four procedures must be conducted by your physician immediately otherwise, student will be charged with a "positive offense". Parent/Guardian must confirm with school officials that all tests can be conducted by their personal doctor before they leave the school building. **MUST MEET DISTRICT LEVELS (SEE STANDARDS BELOW).**

I _____ (Parent/Guardian) prefer to take _____ (Student's name) to a physician of my choice for the purpose of a medical evaluation, 10 panel drug/alcohol screen, extended opiate panel and breathalyzer test. I understand that the tests must be administered immediately following this conference and that I am responsible for all fees attached to these tests. I agree to inform Laurel Olson, Supervisor of Student Support Services, immediately of the date, time and location of the drug screening.

_____	_____	_____
Doctor's Name	Address	Telephone

In accordance with N.J.A.C. 6A:16-4.3, refusal or failure by a parent to comply with the provisions of N.J.S.A 18A:40A-12 shall be treated as a policy violation of the Compulsory Education Act, N.J.S.A 18A:38-25 and 31 and Child Neglect Laws, N.J.S.A 9:6-1 set seq.

I consent to release the status of the medical evaluation, drug/alcohol screen, and breathalyzer of my child to Laurel Olson, MA, SAC, LPC.

Signed by: _____ _____
Parent/Guardian Signature Date

_____ _____
School Witness Date

District Levels

Substance Abuse Panel	Initial Test Level	Substance Abuse Panel	Initial Test Level
1. Amphetamines	100 ng/mL	7. Methaqualone	300 ng/mL
2. Barbiturates	300 ng/mL	8. MDA-Analogues	250 ng/mL
3. Benzodiazepines	300 ng/mL	9. Opiates	300 ng/mL
4. Cocaine Metabolites	300 ng/mL	10. Oxycodones	100 ng/mL
5. Marijuana Metabolites	20 ng/mL	11. Phencyclidine	25 ng/mL
6. Methadone	300 ng/mL	12. Propoxyphene	300 ng/mL

PLEASE FORWARD TOXICOLOGY RESULTS TO:

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