

**STUDENT ASSISTANCE DEPARTMENT**  
**IMMEDICENTER**  
**MEDICAL EVALUATION/DRUG SCREENING**  
**ADULT ESCORT PROCEDURE SHEET**

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

LOCATION: IMMEDICENTER/Totowa Primary Care Center  
500 Union Ave.  
Totowa, NJ 07512  
973-790-0090

ADULT REPRESENTATIVE \_\_\_\_\_  
PRINT NAME & TITLE

1. Cab ("**EXCELLENT**" Taxi ON VEHICLE) contacted by the Immedicenter). **THE DRIVER WILL DROP OFF THE ADULT ESCORT AND THE STUDENT AT THE IMMEDICENTER.**
2. Once there, inform the receptionist you have arrived.
3. The Immedicenter has an agreement with the school district to bring the student in for the medical examination ASAP so they may return to school. **Please realize if a student cannot provide a specimen or a problem exists with the submitted specimen, you will have to wait until he/she can submit one approved for testing.**
4. Please realize if you escort the student you will be asked to observe the students' medical examination – student does not disrobe but is asked questions, heart rate & blood pressure is checked, asked to walk a straight line, etc. Your purpose is to be an **unbiased observer** to assure the district that nothing has happened to the child during this process. You will be asked to sign a consent form as the district's witness - to confirm the students' identity.
5. Breathalyzer Test is next.
6. After the student screening is completed, the Immedicenter will contact the cab company - waiting time should be no longer than 10 minutes; if longer, contact receptionist to make a 2<sup>nd</sup> request. **DO NOT ENTER A CAB UNLESS THE SIGN ON THE CAB STATES "EXCELLENT CAB COMPANY" - YOU WILL BE RESPONSIBLE TO PAY THE FARE IF YOU ENTER A WRONG CAB!**
7. CAB # \_\_\_\_\_
8. **ARRIVAL TIME TO IMMEDICENTER:** \_\_\_\_\_

IF YOU HAVE ANY FURTHER QUESTIONS PLEASE CALL ME \_\_\_\_\_, SAC,  
AT 973-321-1000 EXT. \_\_\_\_\_ or 973-321-0694 (Student Assistance Dept.)

THANK YOU,

CONCERNS/COMMENTS: (If no concerns/comments write NONE and return to SAC)

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR STUDENT ASSISTANCE COORDINATOR (SAC) UPON RETURN.**