



# Memo

Kingsway Regional School District

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**District Administrative Offices**

*Mr. Jason Schimpf*  
School Business Administrator

*Dr. James J. Lavender*  
Superintendent of Schools

*Ms. Patricia Calandro*  
Assistant Superintendent

## **Random Drug Testing for Student Alcohol or Other Drug Use**

TO: THE ATTENDING PHYSICIAN

FROM: KINGSWAY REGIONAL SCHOOL DISTRICT

RE: Random Drug Testing Policy

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

Kingsway Regional School District Policy 5536 states that if there is a confirmed Random Positive Alcohol or Drug Test, the Students' parent/guardian will be contacted to remove the student from school. They will be required to immediately go for a mandatory medical examination pursuant to N.J.A.C. 18A:40A-12 and N.J.A.C.6A:16-4.3. The physician shall provide a written verification to the District that substance use no longer interferes with the student's mental or physical ability to perform in school. "If diagnosis is positive, the pupil shall be returned to their home as soon as possible... the pupil shall not resume attendance at school until the pupil submits to the principal a written report certifying that the pupil is physically and mentally able to return."

### **PHYSICIAN'S STATEMENT:**

I certify that I have completed a physical examination on:

(Student Name) \_\_\_\_\_

Results of examination done today: \_\_\_\_\_  
\_\_\_\_\_

I understand that to meet the medical criteria for re-entry to school the student must present this form and a physician's statement that he/she is "mentally and physically able to return to school."

I certify that \_\_\_\_\_ (Student Name)  
is mentally and physically able to return to school.

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Physician's Name (please print)

Physician's signature

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Address/Phone Number

Date