



**South Amboy Middle/High School**  
200 Governor Hoffman Plaza, South Amboy, New Jersey 08879  
Phone: 732-316-7668

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Dr. McCabe, Principal

Please perform a urine drug screen for (student) \_\_\_\_\_

Student # \_\_\_\_\_ Date of Birth \_\_\_\_\_

The patient has been made aware that photo identification for the collection is needed at time of collection. The screen must be completed within 24 hours of when the school determined reasonable suspicion.

DATE:

Time:

Please perform the following drug screen panel (check one)

PD9 (Test Panel) Quantitative

PD 10 (PD 9 test panel plus alcohol)

Please forward all results to the following address:

**Attn: Dr. Patrick McCabe**  
**South Amboy High School**  
**South Amboy, New Jersey 08879**  
**-or Fax#732-721-0054**

Thank you,  
Joy Przywara  
School Student Assistance Counselor  
"Change the life of one student and you change the world."

***Confidential***



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Dr. McCabe, Principal

# Drugs of Abuse Profile Listing

## PD9, Drug Panel 9

- ★Amphetamines
- ★Barbiturates
- ★Benzodiazepines
- ★Cocaine
- ★Methadone
- ★Opiate
- ★Phencyclidine
- ★Propoxyphene
- ★Marijuana

## PD10, Drug Panel 10

- ★PD9 Profile
- ★Alcohol

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Dr. McCabe, Principal

## Physician's Clearance Note -(Use this Form)

To: Dr. Patrick McCabe, Building Principal or Administrative Designee (Vice Principal)

Re: Medical Examination of

\_\_\_\_\_  
Name of Student

Student Address:  
\_\_\_\_\_  
South Amboy, New Jersey 08879

I hereby certify that the above named student was examined by me in

accordance with N.J.S.A. 18A-40 A-12, N.J.A.C. 6:29-6.5 and the substance abuse policy of the South Amboy Public School District and is physically and mentally able to return to school.

***The results of a urine screen for drugs of abuse will be forthcoming and completed within 24 hours from Date: \_\_\_\_\_ & Time \_\_\_\_\_.***

\_\_\_\_\_  
Physician's Signature  
Physician's Name and Address  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number  
\_\_\_\_\_

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Dr. McCabe, Principal

Date:

Time:

Parent Copy

Dear Parent/Guardian

Your child, \_\_\_\_\_ is suspected under **“Reasonable Suspicion”**. to be under the influence of alcohol or other substances. This is a serious situation and we seek your cooperation in dealing with this matter as per New Jersey Statute (N.J.A.C. 6:29-6.5) and the South Amboy Board of Education Policy.

The requirements are as follows:

1. Your child is to receive a **urine screening** AND a **medical examination** within **24 hours** to determine if he/she is under the influence of alcohol or other substances.
2. A parent/guardian will be asked to accompany the child for the drug screening and Medical Examination. This may be done by your own physician, local emergency room, or walk in clinic. \*When the medical examination is conducted by the physician selected by the parent the examination will be at the expense of the parent and shall not be at the expense of the District Board of Education.
3. The physician’s examination must include a complete drug/alcohol screening. It should be noted that if there is a positive diagnosis for alcohol and or other substances, the parent/ guardian is responsible for the fees involved.
4. Attendance at school shall not resume until the student has completed the examination by the treating physician and district form completed. The student may resume attendance while the results of the examination are pending. The physician’s report shall certify that the student is physically and mentally able to return to school.
5. If the test is returned with positive results for alcohol and or other mood altering substances, the student will be subject to administrative suspension as well as a screening evaluation by the (SAC) Student Assistance Counselor which may result in recommendation for further assessment by a professional treatment facility.
6. Failure of parent/guardian to comply may be cause for referral to the Division of Children’s Protective Permanency and law enforcement.

Your cooperation in this matter is greatly appreciated. Please feel free to contact the SAC, Student Assistance Counselor, Mrs. Joy Przywara at 732-316-7668 ext 3230 or email at [jprzywara@sapublicschools.com](mailto:jprzywara@sapublicschools.com) -Thank you

**Confidential**

Parent/ Guardian Signature:

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Dr. McCabe, Principal

Date:

Time:

Dear Parent/Guardian

District Copy

Your child, \_\_\_\_\_ is suspected under "**Reasonable Suspicion**". to be under the influence of alcohol or other substances. This is a serious situation and we seek your cooperation in dealing with this matter as per New Jersey Statute (N.J.A.C. 6:29-6.5) and the South Amboy Board of Education Policy.

The requirements are as follows:

7. Your child is to receive a **urine screening** AND a **medical examination** within **24 hours** to determine if he/she is under the influence of alcohol or other substances.
8. A parent/guardian will be asked to accompany the child for the drug screening and Medical Examination. This may be done by your own physician, local emergency room, or walk in clinic. \*When the medical examination is conducted by the physician selected by the parent the examination will be at the expense of the parent and shall not be at the expense of the District Board of Education.
9. The physician's examination must include a complete drug/alcohol screening. It should be noted that if there is a positive diagnosis for alcohol and or other substances, the parent/ guardian is responsible for the fees involved.
10. Attendance at school shall not resume until the student has completed the examination by the treating physician and district form completed. The student may resume attendance while the results of the examination are pending. The physician's report shall certify that the student is physically and mentally able to return to school.
11. If the test is returned with positive results for alcohol and or other mood altering substances, the student will be subject to administrative suspension as well as a screening evaluation by the (SAC) Student Assistance Counselor which may result in recommendation for further assessment by a professional treatment facility.
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Parent/ Guardian Signature:

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