

Appendix A: Record of incident involving unauthorised drug

- 1 For help and advice, telephone the LA
- 2 Complete this form
- 3 Copy the form
- 4 KEEP the original, adding the pupil's name and form – store securely

Tick to indicate the category:

- | | | | |
|--|--------------------------|--|--------------------------|
| Drug or paraphernalia found ON school premises | <input type="checkbox"/> | Pupil disclosure of drug use | <input type="checkbox"/> |
| Emergency/Intoxication | <input type="checkbox"/> | Disclosure of parent/carer drug misuse | <input type="checkbox"/> |
| Pupil in possession of unauthorised drug | <input type="checkbox"/> | Parent/care expresses concern | <input type="checkbox"/> |
| Pupil supplying unauthorised drug on school premises | <input type="checkbox"/> | Incident occurring OFF school premises | <input type="checkbox"/> |

Name of pupil * :	Name of school:
Pupil's form * : (*for school records only)	Time of incident:: am/pm
Age of pupil: MALE / FEMALE	Date of incident:
Ethnicity of pupil ** :	
Tick box if second or subsequent incident involving same pupil	Report form completed by:

First Aid given? YES NO	Ambulance/Doctor called? YES NO (Delete as necessary)
First Aid given by:	Called by: Time:

Drug involved (if known): (eg. Alcohol, paracetamol, Ecstasy)	Drug found/removed? YES / NO Where found/seized: Name and signature of witness: Disposal arranged with (police/parents/other): At time: If police, incident reference number:
Senior staff involved: 	

Name of parent/carer informed * :	(* for school records only)
Informed by:	At time:

Brief description of incident (including any physical symptoms):

Other action taken: (e.g. Connexions or other agency involved, Educational Psychologist report requested, case conference called, pupils/staff informed, sanction imposed, LA/GP/Police consulted)