

Appendix D: Record of incident involving unauthorised drug

- 1 For help and advice, telephone the LEA.
- 2 Complete this form WITHOUT identifying the pupil involved.
- 3 Copy the form.
- 4 Send the copy within 24 hours of the incident to the LEA.
- 5 KEEP the original, adding the pupil's name and form - store securely.

Tick to indicate the category:

Drug or paraphernalia found ON school premises

Pupil disclosure of drug use

Emergency/intoxication

Disclosure of parent/carer drug misuse

Pupil in possession of unauthorised drug

Parent/carer expresses concern

Pupil supplying unauthorised drug on school premises

Incident occurring OFF school premises

Name of pupil*:

Name of school:

Pupil's form*: (*For school records only)

.....

Age of pupil: Male/Female

Time of incident: am/pm

Ethnicity of pupil**:

Date of incident:

Tick box if second or subsequent incident involving same pupil

Report form completed by:

First Aid given?

Ambulance/Doctor called? (Delete as necessary)

Yes No

Yes Called by:

First aid given by:

No Time:

Drug involved (if known):
(e.g. Alcohol, Paracetamol, Ecstasy)

Drug found/removed? YES/NO

Where found/seized:

Senior staff involved:

Name and signature of witness:
.....
.....

Disposal arranged with
(police/parents/other):

At time:

If police, incident
reference number:

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, LEA/GP/Police consulted)

**CHRIST CHURCH CE (VC) PRIMARY SCHOOL
SCHOOL DRUG POLICY – APPENDICES
POLICY NUMBER: B7**