

Appendix B: 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	<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/carer 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: The Thetford Academy
Pupil's Form: (for school records only)	Time of Incident: _____ am/pm
Age of Pupil:	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: _____
 First Aid given by? _____

Ambulance/Doctor called?
 Yes: Called by: _____
 No: Time: _____

Drug involved (if known)
 (EG 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 (eg. Connexions or other agency involved, Educational Psychologist report requested, Case conference called, pupils/staff informed, sanction imposed, LEA/GP/Police consulted)

Continue on blank sheet if necessary

Adapted from: 'The Right Response' (Drugscope, 1999)