## APPENDIX B: Record of drug/substance related incident

Complete this and store securely. It may be needed in cases such as exclusions, appeals police involvement etc.

Tick to indicate the category that best describes the nature of the incident:

Drug or paraphernalia found ON school premises		Pupil disclosure of drug use	
Emergency/Intoxication		Disclosure of parent/carer drug misuse	
Pupil in possession of unauthorized drug		Parent/carer expresses concern	
Pupil supplying unauthorised drug on school		Incident occurring OFF school premises	
premises			
Name of pupil:		If more than one pupil involved, use one sheet per pupil	
Pupil's form:		Date of incident:	
Names of all staff involved:			
Age of pupil: MALE/FEMALE		Time of incident:	
Tick box if second or subsequent incident		Name of senior member of staff involved:	
volving same pupil			
First Aid given? YES NO Ambulance/Doctor called? YES NO Delete as necessary Delete as necessary First aid given by: Ambulance called by:			
Drug involved (state if known or suspected):		Drug found/removed? YES NO Where found/seized:	
Description of incident (including any physical symptoms):		Name(s) and signature(s) of witness(es) to the incident:	
			••••
There should be enough detail recorded so as to be useful in any further action (e.g. exclusions, appeals, police action, referral to ternal agencies etc.)		Details of agreed arrangements with police for disposal:	
ONTINUE ONSEPARATE SHEET IF NECESSARY		At time:	
		If police contacted, give incident/reference number:	
		12 ,000	
Name of parent/carer informed:			
Informed by:		Date: Time:	
Other action taken: pupils/staff/parents/carer informed, sanction imposed, referral to another agency (e.g. Matthew Project Under18), case conference called, police involvement etc.			
This form completed by (name and signature): Time/Date:			
Witnessed by (name and signature): Time/Date:			