



ARCHBISHOP BECK CATHOLIC SPORTS COLLEGE

RECORD OF INCIDENT INVOLVING UNAUTHORISED DRUG

Student Name:	College Name: Archbishop Beck Catholic Sports College	
Student's Form:	Time of incident:	am/pm
Ethnicity of Student:	Report completed by:	
Tick box if second or subsequent incident involving the same student:		Please Tick ✓
Drug or paraphernalia found ON college premises		
Student disclosure of drug use		
Emergency / Intoxication		
Disclosure of parent / carer drug misuse		
Student in possession of unauthorised drug		
Parent / carer expresses concern		
Student supplying unauthorised drugs in college		
Incident occurring OFF college premises		

First Aid given? Yes / No Ambulance / Doctor called? Yes / No
 First Aid given by:
 Drug involved (if known – e.g. Alcohol, Paracetamol, Ecstasy)
 Senior Staff involved:
 Called by: Time: am/pm
 Drug found / removed? Yes / No
 Where found / seized:
 Name of witness:
 Signature of witness:
 Disposal arranged with police / parents / other:
 At time: If police involvement, give incident ref. number:



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FOR COLLEGE RECORDS ONLY

Name of Parent / Carer informed:

Informed by:

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, students / staff informed, sanction imposed, LA / GP / Police consulted).