

Please choose from list

Managing Incidents of Substance Use in Educational Establishments

CELLS MARKED WITH \* CONTAIN A DROP DOWN LIST. PLEASE COMPLETE IN FULL PRIOR TO SUBMISSION.

Date of incident

Date and time reported

Reported by

Drug

Alcohol

Substance (if known)

Date Received @ ES Central Support

Name of Referrer

Name of establishment \*

Sector \*

Please choose from list

Name of Child/YP

Date of Birth

Gender \*

Please choose from list

Ethnicity \*

Please choose from list

School Stage \*

Please choose from the list

SIMD Band (1-10) \*

Please choose from list

Attendance Rate (%)

Name of Parent/Carer:

Action taken

Follow Up Actions

Please choose from list

Child Protection Register

Care Experience

Please choose from the list

Description of incident:

CHILD/YOUNG PERSON INTERVIEW DETAILS

If a member of staff is required to be present a summary should be detailed below

PARENT/CARER VIEWS/COMMENTS

CATEGORY OF INCIDENT

ACTION TAKEN

BY WHOM

PARENT/CARER CONTACTED AND WHEN

Suspicion of substance misuse

Allegation of substance misuse

Disclosure of substance misuse

Symptoms of substance misuse

Child/Young Person/ Parent/Carer

with substance on establishment premises /Trip/ Transport

Child/Young Person/ Parent/Carer taking substance on establishment/Trip/ Transport

Child/Young Person/ Parent/Carer selling/ supplying substance on establishment/Trip/ Transport

Parent / Carer view on referral to JST \*

Please choose from list

Please note views of parent/carer

PAPERWORK SUBMITTED

Required

Wellbeing Assessment & Plan (Education- Single Agency) \*

Please choose from list

Optional

GIRFEC

Assessment and Plan (Multi- Agency) \*

Please choose from list

Other Paperwork (Please Specify)

Support /Assistance Requested by Referrer \*

Please choose from list

Other requested (Please State )

Drug Type (if known) or Description

Removed by

Where Retained

Receipt Given and

Countersigned

Member of SLT

Title

email

Date

**CONTACTS MADE (WHERE**

**APPROPRIATE)**

**ACTION TAKEN**

**BY WHOM**

**CONTACT TIME**

**ARRIVAL TIME**

Police

Ambulance

Other Health Professionals

Health Promotion Department

Education and Social Work Services

Child Protection Team

Environmental Health

Local Drug Support Agency

Other, please state