

# Student Incident Report

## Attachment A: Student Screening Form

Student's Name: Marion Date: 16/04/2024

General medical information will be in the student's school medical file. This screening form is to be completed by the staff making the initial contact with a student who appears intoxicated.

Answer the following questions and record breathalyzer results:

- |   |                           |                                     |
|---|---------------------------|-------------------------------------|
| 1. Does the student appear to be under the influence of alcohol or drugs?     | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 2. Is the student carrying any medications?                                   | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 3. Did you ask the student if he or she was on any medications?               | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 4. Does the student have any signs of physical injury?                        | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 5. Is the student out of control or physically violent to self and/or others? | <input type="radio"/> Yes | <input checked="" type="radio"/> No |
| 6. Breathalyzer results: <u>0.0</u>   |                           |                                     |

If you detect or observe any other health problems, please explain:

Check results of the student's screening assessment:

- ☐ Student was transported to the emergency room
- ☐ Student was accompanied by a staff member to sick bay, transition dorm, or dorm of origin
- ☐ Other, please explain: \_\_\_\_\_
- ☐ Referral from (Attachment B) completed and forwarded

doctor who  
Staff's Name (print)

27/04/2024  
Date and Time

dw  
Staff's Signature

Distribution: FAX a copy to the designated School Safety Specialist—Walter Goodwin, Eric North, or Desmond Jones

