

MEDICATION INCIDENT REPORT FORM

A medication error is defined as failure to administer the prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice, to the correct student.

Date of Report ___/___/___ School _____

Name of Student _____ Gender: Male / Female Grade _____

Home Address: _____

Telephone Number: _____

Date Error Occurred ___/___/___ Time Noted _____ A.M. / P.M.

Person Administering Medication _____

Name of Licensed Prescriber _____

Date of Order ___/___/___ Instructions for Administration _____

Medication _____ Dose _____ Route _____ Scheduled Time _____

Describe the error and how it occurred (use reverse side if necessary):

Action Taken

Licensed prescriber notified: Yes ___ No ___ Date ___/___/___ Time _____ A.M./P.M.

Parent/guardian notified: Yes ___ No ___ Date ___/___/___ Time _____ A.M./P.M.

Other Persons Notified: _____

Describe the outcome: _____

Name (Print) _____ Signature _____ Date _____