

MEDICATION ERROR OR INCIDENT REPORT

Date or Report: \_\_\_\_\_ School: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date error occurred: \_\_\_\_\_ Time noted: \_\_\_\_\_

Person Administering Medication:  
\_\_\_\_\_

Authorized Prescriber:  
\_\_\_\_\_

Reason medication was prescribed:  
\_\_\_\_\_

Date of Order: \_\_\_\_\_ Instructions for Administration: \_\_\_\_\_

Medication(s)	Dose	Route	Scheduled Time	Dispensing Pharmacy	Prescription Number

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Action Taken:** *(by school nurse)*

Prescribing practitioner notified:     Yes    No   Date \_\_\_\_\_ Time \_\_\_\_\_

School Medical Advisor notified:     Yes    No   Date \_\_\_\_\_ Time \_\_\_\_\_

School Principal notified:             Yes    No   Date \_\_\_\_\_ Time \_\_\_\_\_

Superintendent of School:  
notified (by Principal):             Yes    No   Date \_\_\_\_\_ Time \_\_\_\_\_

Parent/Guardian notified:             Yes    No   Date \_\_\_\_\_ Time \_\_\_\_\_

**Outcome:**

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Name:

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Print or Type

Signature

Title

Date

Note: Any error in the administration of medication shall be documented in the student's cumulative health record, or for before- and after-school programs and school readiness programs in the child's program record.