

Medication Error or Incident Form

Learner First Name

Learner Last Name

Date of Birth:

School

Building Name (if applicable)

Today's Date:

Medication(s) and Dosage(s)(List):

Time of error or incident:

Check All That Apply: EMS notified

Poison Control notified

Learner went home

Returned back to class

CHECK THE BOX IF THIS WAS A **MEDICATION ERROR** (SELECT ALL APPLICABLE REASONS BELOW):

Wrong learner

Wrong dosage

Wrong medication

Medication administered without parent authorization

Wrong time

Expired medication administered to learner

Wrong route

Forgot to administer medication (not given or missed)

CHECK THE BOX IF THIS WAS A **MEDICATION INCIDENT** (SELECT ALL APPLICABLE REASONS BELOW)

Learner vomited or spit out medication

Parent sent expired medication

Learner refused medication

Medication is incorrectly labeled and not administered

Lack of medication supply from parent

Medication found improperly stored

Parent sent medication without required authorization

Medication was dropped or spilled before administration

Communication of Error or Incident:

Parent or Guardian Notified

Date

Time

Check Method:Called

Emailed

Text

Child's Medical Provider Notified

Date

Time

Check Method: Called

Emailed

School Nurse Notified

Date

Time

School Building Administrator Notified

Date

Time

Responsible Individual's Name Completing This Report:

Date