

Medication Error Report Form

Student: _____ DOB: _____

School Building: _____ Grade: _____

Date of Error: _____ Medication: _____

Medication Dosage: _____ Time to be given: _____ Route: _____

State Reason For Report: (failure to administer medication to the student, failure to administer medication within the designated time, failure to administer the correct dosage of medication, failure to administer medication by proper route, failure to administer medication according to generally accepted standards of practice, administering the wrong medication to the wrong student, administering medication without parent authorization, administering a prescription medication to a student who does not have a prescription)

Medication Errors DO NOT include: unusual situations or incidents where students refuse to consume or are unable to tolerate medication administration, lack of supply of medication from the parent, or a medication held by a parent/guardian. Careful notation of these situations should be made on the back of the medication administration record or incident form, if applicable, and parents/guardian notification per school procedure.

Action Taken/Intervention:

School Nurse Name (Print): _____ Notified: _____ Yes _____ No

Date: _____ Time: _____

Name of Parent/Guardian notified (if applicable):

_____ Date and Time: _____

Student's physician notified (if applicable):

_____ Date and Time: _____

Building Administrator Signature:

_____ Date: _____

Witness(s): _____

Name of Person Preparing Report (Please Print): _____

Signature of Person Preparing Report: _____ Date: _____

Follow Up Skills Check Completed By School Nurse: _____ Yes _____ No

Follow Up Care/Contact: _____

Signature of School Nurse Notified/Conducting Skills Check, Follow-Up Care: _____

This is an example of information needed in a medication error report. School determines policies and procedures who will be notified and in what order. The form should be completed in ink. Do not use "white out", correction tape, eraser, or pencil to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the school nurse and a copy delivered to the school administrator to be placed in a designated location defined by the school.