

## Medication Incident Report

**Name:** \_\_\_\_\_ **Home Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Sex:** ☐ M ☐ F **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Correct Medicine as ordered:**

Student Name / Medication Name / Dose / Time

**Medication normally administered by:** ☐ Student with staff supervision ☐ Nurse

☐ Staff per written delegation by nurse ☐ Student with nurse supervision ☐ Not applicable

**Type of error:** ☐ Dose administered > 30 minutes after scheduled time

☐ Omission ☐ Wrong Dose ☐ Additional Dose ☐ Wrong Student ☐ Wrong Route

☐ Dose given without physician permission on file

☐ Dose administered by unauthorized person

**Description of incident:** (May include what the usual routine is for the administration of this medication or any unusual circumstances related to this error)

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**Action Taken:**

☐ Parent Notified; Name, Date and Time \_\_\_\_\_

☐ School Nurse Notified: Name, Date and Time \_\_\_\_\_

☐ Physician Notified: Name, Date and Time \_\_\_\_\_

☐ Poison Control Notified ☐ Student taken home ☐ Student sent to hospital

☐ Other: \_\_\_\_\_

**Effect noted:** \_\_\_\_\_

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