

MEDICATION INCIDENT REPORT

Instructions: To be completed as soon as possible after the incident occurred and appropriate response actions/interventions were taken. File form with the building principal.

Date of Report:
Name of person completing this report:
Student's name:
Date of birth:
Grade:
Date incident occurred:
Time:
Person providing medication:
Name of medication:
Regular dose:
Regularly scheduled time:

TYPE OF INCIDENT

- Forgot to document the medication by the end of school day on which the medication was provided
Forgot to give a dose of medication
Gave the medication at the wrong time
Gave the medication by the wrong route
Gave the wrong dose of the medication
Gave the wrong medication
Gave the medication to the wrong child
Student refused a dose of medication
Other:

Provide a summary of the incident and describe how it occurred:

ACTION TAKEN/INTERVENTION

School nurse notified:
Parent/Guardian notified:
If yes, name of the parent/guardian who was notified:
Student's emergency contact alternate notified:
911 Called:
Student's healthcare provider contacted:
If yes, student healthcare provider's name:

Describe interventions taken and outcome:

FOLLOW-UP AND PREVENTION (To be completed by building principal)

List any follow-up information related to the incident and prevention measures enacted to prevent similar incidents in the future:

Building administrator's signature:

Date: