

LOWER MERION SCHOOL DISTRICT

210R Use of Medication - Attachment A

Medication Variance Report

Student Name: \_\_\_\_\_ School: Choose an item.

Date: Click here to enter a date. Time of Variance: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Medication Order: \_\_\_\_\_

Licensed Prescriber: \_\_\_\_\_

Notified:  Yes or  No Date: Click here to enter a date. Time: \_\_\_\_\_

Parents(s)/Guardian (s): \_\_\_\_\_

Notified:  Yes or  No Date: Click here to enter a date. Time: \_\_\_\_\_

Check all variances that apply:

- Possible Adverse Reaction       Incorrect Dose       Incorrect technique
- Bottle mislabeled       Incorrect Time       Medication wasted
- Incorrect medication       Incorrect student       Student/medication not available
- Incorrect route       Omitted dose(s)       Repeat administration
- Outdated medication       Student Refusal       Incorrect transcription
- Other: Explain: \_\_\_\_\_

Description of Variance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student Outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Individual Preparing Report      Date: \_\_\_\_\_

\_\_\_\_\_  
Certified School Nurse      Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Administrator      Date: \_\_\_\_\_