Medication Error Reporting Form

Person completing the form:	
Person(s) involved in the error:	
Name of the student:	
Student date of birth:	Student identification number:
School:	Grade:
Date of the report:	
Date of the error:	Time of the error:
Medication:	
Order as written by licensed prescriber:	

Type of error:

- ☐ Dose miscalculation
- ☐ Exceeds maximum dose
- ☐ Incorrect time
- ☐ Medication omitted
- ☐ Variation from school policy/ procedure
- ☐ Wrong dose
- ☐ Wrong medication
- ☐ Wrong person
- ☐ Wrong route
- ☐ Other ______________________________

Additional notes regarding error:

Contributing Factors:

- ☐ Communication
- ☐ Emergency situation
- ☐ Equipment
- ☐ Lack of knowledge
- ☐ Lack of training
- ☐ Process issue
- ☐ School environment
- ☐ System issue
- ☐ Other __________

Recommendations for change to prevent error from occurring in the future:

Parent notification:

Date:	Time:	By whom:

Additional notes:

School Nurse notification:

Date:	Time:	By whom:

Additional notes:

Licensed prescriber notification:

Name of licensed prescriber:

Date:	**Time:**	**By whom:**

Additional notes:

Student Outcome:

- ☐ No change was observed in student's condition
- ☐ No medical intervention required
- ☐ Produced a temporary or localized response
- ☐ Did not cause complications or require medical intervention
- ☐ Student required medication attention
- ☐ Other ____________________

Signature of person completing report: ____________________________________ **Date:** ____________________