

FERNDALE SCHOOL DISTRICT NO. 502  
Ferndale, WA 98248

**MEDICATION INCIDENT REPORT**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

"Incident" meaning the wrong medication , dose, time, student or route.

Date of Incident \_\_\_\_\_

Name and title of person administering the medication \_\_\_\_\_

Describe the nature of the incident \_\_\_\_\_

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

The following individuals have been notified of the incident:

Parent       School Nurse       Principal       Physician

Action taken \_\_\_\_\_

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

c:      Director of Special Services  
         School Nurse