

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: _____ am pm
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: Yes, Date: _____ Time: _____ No N/a
Parent/Guardian notified: Yes, Date: _____ Time: _____ No
If yes, name of the parent/guardian who was notified: _____
Student's emergency contact alternate notified: Yes, Date: _____ Time: _____ No
911 Called: Yes No
Student's healthcare provider contacted: Yes, Date: _____ Time: _____ No
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: _____