MEDICATION INCIDENT REPORT

A medication incident is defined as any incorrect administration of a medication, i.e. and incorrect dosage, drug, route, incorrect time of administration, or giving to the incorrect students. (30-minute leeway before or after the time prescribed is allowable).

Date of Report: _____ School: _____ Prepared by: _____

Name of Student: _____ Date of Birth: _____ Grade: _____

Date and Time Incident Occurred: _____

Person Administering Medication: _____ _____
(Title)

Licensed Prescriber: _____

Reason Medication was Prescribed: _____

Date of Order:_____ Instructions for Administration: _____

Medication: _____ Dose:_____ Route: _____Scheduled time:_____

Describe the incident and how it occurred: _____

_____

Action Taken

Parent/Guardian Notified: Date: _____ Time: _____ By Whom:_____

Principal Notified: Date:_____ Time:_____ By whom: _____

Follow-up Information_____

Outcome: _____

_____

Name:_____ _____ _____ _____
Type or Print Signature Title Date

Please submit report to Eileen Gomez at the McIntire COB