

PROCEDURE ERROR REPORT

Contact District Health Services and ALOA Administrator by phone when discovered.

Fax report within 1 business day. District Fax #: 5346 Do NOT Email Report

Name of School Date of Event Time of Error Error Code

Name of Student Student ID number D.O.B. Prescribed Procedure on Authorization Form (Include Dosage/Route/Time)

Name and Position of Person Witnessing Event

Describe error: _____

Name of person who caused error:

Describe action(s) taken: _____

Persons to be notified:

Title	Name	Date	Time
Principal			
Parent			
Poison Control (if appropriate)1-800-222-1222			
RN Supervisor			
ALOA Administration			
District Health Services Office 850-469-5456, 850-439-2681			

Person Completing Report (Print/Sign/Title)

Date Completed

Follow-up Action by Supervisor (to be completed within 10 days):

Signature of Supervisor

Medication Error Codes: 1. Wrong Student 3. Wrong Time 5. Missed Procedure 7. Other
2. Wrong Dose 4. Wrong Procedure 6. Documentation Error