

# MEDICATION INCIDENT REPORT

**CONFIDENTIAL**



A medication error is defined as: "failure to administer the prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice and/or to the correct student."

Date of Report: \_\_\_\_\_ School: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Name of student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Home address: \_\_\_\_\_ Phone number: \_\_\_\_\_  
*(street)*

\_\_\_\_\_ *(city)* \_\_\_\_\_ *(zip code)*

Date medication error occurred: \_\_\_\_\_ Time noted: \_\_\_\_\_

Person administering medication: \_\_\_\_\_  
*(Name)* *(Title)*

Describe the error and how it occurred *(use reverse side if necessary)*

Parent/guardian notified: Yes \_\_\_ No \_\_\_ If no, why \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

How notified:  telephone  personal conference  Parent Notification of Medication form  
*(via U.S. mail)*

**COMMENTS:** \_\_\_\_\_

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

Report Prepared by: \_\_\_\_\_  
*Type or Print* *Signature* *Title* *Date*

*Original to: Principal* *Copy to: Preparer* *School Nurse* *School Health*