

## Medication Error Report

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Error \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

### Reason for Report

☐ Missed Medication      ☐ Wrong Time      ☐ Wrong Student      ☐ Wrong Route

☐ Wrong Dose      ☐ Late Dose      ☐ Dropped Pill      ☐ Meds Missing

☐ Other \_\_\_\_\_

**Action Taken** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication Administered By \_\_\_\_\_

Name of School Nurse Notified \_\_\_\_\_

Notified By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ am ☐ pm

Parent/Guardian Notified ☐ Yes ☐ No

Name of Parent/Guardian Notified \_\_\_\_\_

(contact if instructed to do so by RN)

Notified By \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ ☐ am ☐ pm

Follow-up (RN to notify health care provider if indicated) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Individual Completing Form \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

Signature of School Nurse \_\_\_\_\_ Date \_\_\_\_\_