

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: _____

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

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: _____

Principal's signature: _____

Date: _____