

Medication Administration Incident Report

A medication error is defined as failure to administer the prescribed medication to the right student, at the right time, the right medication, the right dose or the right route. The person who administered the medication should complete this form.

Student's Name: _____ **Grade:** _____

Student's address: _____ **Phone:** _____

Date of Occurrence: _____ **Time of Date:** _____ A.M. P.M.

Name of Prescribing Provider: _____ **Phone:** _____

Medication: _____ **Dosage:** _____ **Route:** _____

Time Prescribed: _____ A.M. P.M.

Describe the Event: (this should be filled out by the person making the error)

Use reverse side if necessary

Notification:

Medical provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Day/Month/Year	Time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Parent/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Day/Month/Year	Time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
School Nurse/Other Who: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____ Day/Month/Year	Time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

Outcome: _____

Print Name of Person Preparing Report: _____

Signature of Person Preparing Report: _____ **Date:** _____

APPROVED: October 15, 2012
 SEPTEMBER 19, 2016