

MEDICATIONS ERROR REPORT FORM

Student: _____ DOB: _____

School building: _____ Grade: _____ Date of Error: _____

Medication: _____ Dosage: _____ Time to be given: _____

Reason for report: (missed medication, wrong time, wrong student, wrong route, wrong dose, wrong medication)

Action taken/intervention:

Nurse supervisor: _____ Notified: Yes No

Time and date of notification: _____

Name of parent/guardian notified: _____ Time and date: _____
(if instructed to do so by RN)

Student's physician notified: _____ Time and date: _____
(by RN)

Nurse supervisor's signature: _____ Date: _____

Witness(es): _____

Name of person preparing report (please print): _____

Signature of person preparing report: _____

Follow-up contact/care: _____

Form should be completed in ink as it is a legal record. Do not use "white out," correction tape, eraser, etc. to correct recording errors. Draw a single line through the error, record the correct information, and initial the corrected entry. The completed form is to be sent to the supervising nurse and a copy maintained in the employee's file after review by the Special Programs Director.