

Report of Medication Error

Name of School: _____

Name of Student: _____

Birth Date: _____

Date and time of error: _____

Name of person administering medication: _____

Name of medication and dosage prescribed: _____

Describe circumstances leading to error: _____

Type of error: _____

Describe action taken: _____

Persons notified of error:

Name

Date

Time

Principal: _____

Parent: _____

Physician: _____

Health Education Services: _____

Other: _____

Signature (person completing incident report):

Follow-up information if applicable: _____

Original - Principal/Cumulative Health Folder

Copy - School Nurse

Copy - Health Education Services

Source: "Guidelines for In-servicing Non-Medical Personnel on Medication Procedures." DHMH, Maryland.