



# Medication Administration Incident Report

Student Name  Date of Birth

School Name  Grade

Date/Time of error

Name of person administering medication

Name of medication  Dosage  Route

Time(s) to be given

Check all that apply to this medication error:

- Wrong Student       Wrong Time       Wrong Dose  
 Wrong Route       Wrong Medication       Wrong Documentation

Describe the error (should be completed by the person making the error. If wrong medication given, include the name and dosage of what was given):

Action taken/intervention:

Person(s) notified at time of error

Parent(s)/Guardian(s) notified

Date/Time of notification

Name of person completing incident report

Signature of person completing incident report

Date

Student's Health Care Provider Notified

Date/Time of notification

Follow-up care/information (if applicable)

Principal

Signature of Principal

Date

School Nurse

Signature of School Nurse

Date

District Nurse

Signature of District Nurse

Date