

**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: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ 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**

School nurse notified: Yes, Date: \_\_\_\_\_ Time: \_\_\_\_\_ No N/a  
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: \_\_\_\_\_

Building administrator's signature: \_\_\_\_\_

Date: \_\_\_\_\_