

MEDICATION ERROR REPORT

A medication error is defined as: "failure to assure the student receives the prescribed medication within the appropriate time frame, in the correct dosage, by the correct route, and to the correct student."

Date of Report _____

Name of Student	Date of birth	Sex	Grade
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Home address	Telephone number
(street)	

(city/town)	(zip code)
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Date error occurred _____ Time noted _____

Personnel assisting student

(Name)	(Title)
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Licensed prescriber

(Name)	(Address)
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Medication	Dose	Route	Scheduled Time
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Describe the error and how it occurred (use reverse side if necessary).

Action Taken

Parent/guardian notified: Yes No Date Time

Other persons notified:

Outcome

Name (Type or Print) Signature Title Date

REVIEWED: August 24, 2015