



Appendix E

Medication Error Reporting Form

Student _____ Birthdate _____
School _____ Date and time _____
Person administering medication, and position _____

Prescription Medication as written on Medication Authorization Form (name, dose, route, time)

Type of Error

<input type="checkbox"/> Wrong Route
<input type="checkbox"/> Wrong dose/extra dose
<input type="checkbox"/> Wrong student
<input type="checkbox"/> Wrong medication
<input type="checkbox"/> Medication not given/missed dose
<input type="checkbox"/> Wrong time
<input type="checkbox"/> Parent error
<input type="checkbox"/> Pharmacy error
<input type="checkbox"/> Other _____

Student Outcome

<input type="checkbox"/> Return to class
<input type="checkbox"/> Refer to healthcare provider
<input type="checkbox"/> Sent home with parent/guardian
<input type="checkbox"/> Refer to urgent care
<input type="checkbox"/> Refer to Emergency Department
<input type="checkbox"/> 911
<input type="checkbox"/> Other _____

Action Taken/Intervention: *(List time of contact with parent, administration, nurse, healthcare provider and interventions. Use the back of this form if necessary.)*

Time	Description

Name of reporter _____ Signature _____ Date: _____

Building Principal Signature: _____ Date: _____

Follow-Up:

