Medication Error Reporting Form

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| --- | --- |
| **Student**Date of Birth Grade | Parent/Guardian PhoneParent/Guardian Phone |
| SchoolDate Time |
| Person administering Medication.Training date:Position: | PhysicianPhone  |
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| --- | --- | --- |
| Medication | Strength, Dose, Route | Time of Day |
|  |  |  |

Medication as it is written on the medication authorization form |
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| Type of Error* Wrong Student
* Wrong Medication
* Wrong Dose/Extra Dose
* Wrong Time
* Wrong Route
* Missed Dose
* Parent/Pharmacy Error
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Student Outcome* Return to Class
* Refer to Healthcare Provider
* Sent Home with Parent/Guardian
* Refer to Urgent Care
* Refer to Emergency Department
* Emergency Services Called
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Action/Intervention: (List the time of contact with the parent, administration, nurse, healthcare provider, and all interventions. Use the back of this form if necessary.)

|  |  |
| --- | --- |
| Time | Description |
|  |  |
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|  |  |

Name of reporter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reporter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up: