

**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: \_\_\_\_\_  
 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**

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: \_\_\_\_\_

Principal's signature: \_\_\_\_\_

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