

**MEDICATION ERROR REPORT**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Staff Member Administering Medication: \_\_\_\_\_

Reason For Error:

\_\_\_\_ Wrong Student

\_\_\_\_ Wrong Drug

\_\_\_\_ Wrong Dose

\_\_\_\_ Wrong Time

\_\_\_\_ Wrong Route

Contributing Factors: \_\_\_\_\_

\_\_\_\_\_

Follow-up: \_\_\_\_\_

\_\_\_\_\_

Correction Action (Action taken to prevent reoccurrence): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Parent Notified: \_\_\_\_\_ Time: \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_

Nurse's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Administrative Procedure Adopted: 10/4/11; Revised: 3/20/18