**Medication Administration Incident Report**

Student name:

|  |
| --- |
| Choose an item. |

Date of birth:

|  |
| --- |
| Click or tap to enter a date. |

School name:

|  |
| --- |
| Click or tap here to enter text. |

Age:

|  |
| --- |
| Click or tap here to enter text. |

Date/time of error:

|  |
| --- |
| Click or tap here to enter text. |

Name of person administering medication

|  |
| --- |
| Click or tap here to enter text. |

Name of medication: Dosage: Route:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Click or tap here to enter text. |  | Click or tap here to enter text. |  | Click or tap here to enter text. |

Time(s) to be given:

|  |
| --- |
| Click or tap here to enter text. |

Check all that apply to this medication error:

|  |  |  |
| --- | --- | --- |
| Wrong student | Wrong time | Wrong dose |
| Wrong route | Wrong medication | Wrong documentation |

Describe the error (should be completed by the person making the error. If wrong medication given, include the name and dosage of what was given):

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

Action taken/intervention

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

Persons notified at time of error:

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| Date/time of notificationClick or tap to enter a date. |

|  |
| --- |
| Click or tap here to enter text. |

|  |
| --- |
| Date/time of notificationClick or tap to enter a date. |

|  |
| --- |
| Click or tap here to enter text. |

Student’s Health Care Provider notified: (if applicable)

|  |
| --- |
| Click or tap here to enter text. |

\_ Date/time of notification:

|  |
| --- |
| Click or tap here to enter text. |

Name of person completing incident report:

|  |
| --- |
| Click or tap here to enter text. |

(please print)

Signature (person completing incident report:

|  |
| --- |
| Click or tap here to enter text. |

Date: Click or tap to enter a date.

Follow-up care/information (if applicable)

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |