Washington County School District
MEDICATION INCIDENT REPORT

Student: _____ DOB: _____
(Last name, First name)
School Building: _____ Grade: _____

Date of Report: _____ Date of Error: _____ Time of Occurrence: _____

Medication(s): _____

Medication Dosage(s): _____Time to be given: _____Route: _____

Reason for report*:*

□ *Administration of prescription medication to a student without a prescription*
□ *Lack of compliance to generally accepted standards of practice (describe below)*
□ *Medication omission*
□ *Administration of incorrect medication dosage*
□ *Administration of incorrect medication to incorrect student*
□ *Administration of medication at incorrect time*
□ *Administration of medication by incorrect route*
□ *Administration of medication without parent authorization*
□ *Other (describe below)*

Medication errors do not include: *unusual situations in which student refuses, is unable to consume or tolerate medication administration, lack of supply of medication from parent, or a medication withheld by parent/guardian. Careful notation of these situations should be noted on the daily medication administration form and parent/guardian and school nurse notified.*

REPORTED TO:

□ Parent/Guardian Name: _____ Date: _____ Time: _____
□ Health Care Provider Name: _____ Date: _____ Time: _____
□ Principal Name: _____ Date: _____ Time: _____
□ School Nurse Name: _____ Date: _____ Time:_____

911 Emergency Medical Services Contacted □Yes □ No
Adverse signs/symptoms □ Yes □ No Describe_____

Name of Person Preparing Report (Please Print) _____
Signature of Person Preparing Report _____ Date: _____

Building Administrator's Name (Please print)_____
Building Administrator's Signature _____ Date: _____

Follow Up Completed by School Nurse □Yes □ No
School Nurse Notes/ Occurrence Follow up:
_____
_____

_____
School Nurse Signature Date

Complete form in ink. To correct recording errors: draw a line through the error, record correct information, initial and date correction. Send completed form to School Nurse and Principal.

Revised 06/15