Medication Error Reporting Form

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| --- | --- |
| **Student**  Date of Birth Grade | Parent/Guardian Phone  Parent/Guardian Phone |
| School  Date Time |
| Person administering Medication.  Training date:  Position: | Physician  Phone |
| |  |  |  | | --- | --- | --- | | Medication | Strength, Dose, Route | Time of Day | |  |  |  |   Medication as it is written on the medication authorization form | |
|  | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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: