

Medication/Treatment Error Report

A medication or treatment error is the failure to administer a prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice and/or to the correct student. Appropriate documentation should be entered into the student's electronic health record. This form should be completed by the person responsible for the error. The form should be maintained in the same manner as Student Accident Report Forms, unless directed otherwise by district/charter administration.

Date of report _____ School _____

Student's name _____ DOB _____ Sex _____ Grade _____

Home address _____

Home telephone _____

Date error occurred _____ Time noted _____

Person administering medication _____

Licensed prescriber (name and address) _____

Reason medication was prescribed _____

Date of order _____ Instructions for administration _____

Medication _____ Dose _____ Route _____ Scheduled time _____

Describe the error, how it occurred, and reason/events surrounding the error (use reverse side if necessary):

Action taken PRN _____

Licensed prescriber notified: Yes No Date _____ Time _____

Parent/Guardian notified: Yes No Date _____ Time _____

School Administration notified: Yes No Date _____ Time _____

Other person(s) notified: _____ (Name)
Yes No Date _____ Time _____

Outcome: _____

Name (type or print) _____ Signature _____

Title _____ Date _____

Received by: _____

(Administrator or Lead School Nurse Name/Title)

Corrective Action: N/A
 Action (describe