Student Medication Error Form

Form to be completed regardless of whether or not the student is sent home.

School Building:

____ Holly High School   ____ Holly Middle School   ____ Holly Elementary
____ Davisburg Elementary   ____ Patterson Elementary   ____ Rose Pioneer Elementary
____ Karl Richter Campus   ____ Administration Building   ____ Transportation

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Today's Date: _____ Date of Error/Incident: _____ Incident Time: _____
Student Name: _____ DOB: _____ Grade: _____
Parent/Guardian Name: _____ Phone Number: _____
Time of parent/guardian notification: _____
Parent/Guardian Comment: _____
_____
RN Notified: Date: _____ Time: _____

Medication Error
Medication Name: _____
Please select error: Incorrect time _____   Incorrect med _____
Incorrect Dose ____   Incorrect Student ___ Incorrect Route ___
Med not given:___   Other: _____
Description: _____
_____
_____
_____

Immediate Care Given:

911/EMS: ____   Poison Control Contacted: ____   Doctor/Dentist Notified: ____
Other : _____

Parent picked up: Yes or No Pick up time: _____

Comment: _____
_____

Name of person filling out form: _____
Signature: _____ Date: _____