

MEDICATION INCIDENT REPORT

NAME: _____ STUDENT NUMBER: _____
LAST FIRST M.
SCHOOL NAME: _____ SCHOOL LOCATION #: _____
HOME ADDRESS: _____ ZIP CODE: _____
GRADE: _____ BIRTHDATE: _____ SEX: MALE _____ FEMALE _____
TIME OF INCIDENT: _____ DATE OF INCIDENT: _____

TYPE OF INCIDENT: (CIRCLE)

Wrong dosage Wrong student Wrong medication Wrong time Unable to locate student

Reported by: _____

NARRATIVE DESCRIPTION:

PARENT/GUARDIAN Notification YES[] NO[] By Whom _____

Date _____

Time _____

Comments: _____

MD notification YES[] NO[] By Whom _____

Comments: _____

Poison Control notified: (272-2222 or 1-800-432-6866) YES[] NO[] Recommendations: _____

ACTIONS/OBSERVATIONS:

RECOMMENDED PLAN OF ACTION

PLAN OF ACTION COMPLETED

Signature: _____
Supervising Nurse: _____
Principal: _____

Date: _____ Time: _____
Date: _____
Date: _____

COPIES: RISK MANAGEMENT
CUM FOLDER
NURSING SERVICES
NURSE/TEACHER

Medication Incident Report Form

Lei Shi

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name 'Lei Shi'.

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