

Medication Error Form

In the event of a medication error, The District Nurse is to be notified immediately.

Date: _____

Student's Name: _____

School: _____

Please give a description of what occurred, including the medication and dose that were prescribed, the medication and dose that were given and any other pertinent information.

Parent notified? When and by whom:

Administrator notified? When and by whom:

District Nurse notified? When and by whom:

Outcome

Signature _____