

## 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 \_\_\_\_\_

Place a copy of this report in the students health file  
Send a copy of this report to the District Nurse