

Howards Grove School District
403 Audubon Road
Howards Grove, WI 53083
Telephone (920) 565-4454
Fax (920) 565-4461



Medication Incident Report

A medication error is defined as failure to administer a prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice, or to the correct student.

Date of Report _____ School _____

Student _____ Date of Birth _____

Parent(s)/ Guardian _____ Phone _____

Date of Error/Incident _____ Time _____ AM/ PM

Person administering medication _____

Medication _____ Dose _____ Route _____ Time Due _____

Reason Medication was prescribed _____

Describe circumstances and how it occurred (use reverse side if necessary)

School Nurse notified: ___ Yes ___ No _____, RN Date _____ Time _____

Building Principal notified: ___ Yes ___ No _____ Date _____ Time _____

Parent/Guardian notified: ___ Yes ___ No _____ Date _____ Time _____

Describe Outcome

Signature _____ Date _____

Print Name _____

Forward report to Building Principal & District Nurse to Review, Final to District Office

RN Initial _____
Date _____
Principal Initial _____
Date _____
Received District Office
Date/initial _____