



Medication Administration Error Reporting Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Student: _____ **DOB:** _____

School: _____ **Grade:** _____ **Date of Error:** _____

Medication: _____ **Dosage:** _____ **Time Due:** _____

Reason for report: *(check all that apply)*

- Missed medication
- Medication not given as prescribed: describe: _____
- Wrong time: Late = >60 minutes past due Early = > 60 minutes before time due
- Time sensitive > 30 minutes late/early.
- Wrong student
- Wrong route
- Other: _____

Provide detailed report of how the error occurred:

List any Witness(s):

Describe how this can be avoided in future/corrected:

Action Taken/Intervention:

Building Nurse: _____ Notified: Yes No Notification
 Notification Time: _____ Date: _____
 Parent/Guardian Notified: Yes No Time & Date: _____

 Name: _____ Phone: _____
 Student's HCP Notified (if needed): Yes No Time & Date: _____
 Nursing Supervisor/Coordinator Notified: Yes No Time & Date: _____

Printed Name of Reporter: _____

Signature _____ Date: _____

Building Principal Signature: _____ Date: _____

Disposition & Follow-Up: