

### Medication Error/Omission Report Form

School: \_\_\_\_\_ Date of error/omission: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Grade: \_\_\_\_\_ Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Name of Person Making Report: \_\_\_\_\_ Signature: \_\_\_\_\_

Reason for Report (e.g. missed medication, wrong time, wrong student, wrong dose, wrong medication, etc.):

Action Taken:

If the error/omission caused bodily harm or injury to the student or caused the student to be treated by emergency services, please explain. If it did not, write "not applicable":

Name of parent/guardian notified: \_\_\_\_\_ Time/Date: \_\_\_\_\_

Name of principal notified: \_\_\_\_\_ Time/Date: \_\_\_\_\_

**This is a legal record. Do not use white out, correction tape, etc. Complete form using an ink pen.**

**Send a copy of this form to the District's Lead Nurse. In accordance with RCW 4.16.350, the District's Lead Nurse will keep a copy of this form for eight years from the time of the incident.**

**Do not use this form to report a recording error. For a recording error on the medication log, draw a single line through the error on the medication log, record the correct information, and initial the corrected entry.**

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To be completed by the District's Lead Nurse:

Form reviewed. Date/time: \_\_\_\_\_ Signature: \_\_\_\_\_

Additional actions taken, if needed: