

Appendix F

SOMERSET COUNTY PUBLIC SCHOOLS

MEDICATION INCIDENT REPORT FORM

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_
2. SCHOOL: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_ AGE: \_\_\_\_\_ GRADE \_\_\_\_\_
3. TIME INCIDENT OCCURRED: \_\_\_ A.M. \_\_\_ P.M. DATE: \_\_\_\_\_
4. PLACE OF INCIDENT: HOME \_\_\_\_\_ SCHOOL \_\_\_\_\_ OTHER \_\_\_\_\_

<p><b>5. NATURE OF INCIDENT</b></p> <p>Administered without a physician's order _____</p> <p>Adverse Reaction _____</p> <p>Administered after it was discontinued _____</p> <p>Duplication _____</p> <p>Medication missing/theft _____</p> <p>Omission _____</p> <p>Wrong dose _____</p> <p>Wrong medication _____</p> <p>Wrong time _____</p> <p>Other _____</p>	<p><b>6. DECIPTION OF INCIDENT</b></p> <p>(How did it happen? Student's reaction)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**7. DESCRIBE THE ACTION TAKEN:**

\_\_\_\_\_

**8. WERE THE FOLLOWING NOTIFIED? BY WHOM?**

\_\_\_ Physician: Name: \_\_\_\_\_ Notified by: \_\_\_\_\_

\_\_\_ Parent: Name \_\_\_\_\_ Notified by: \_\_\_\_\_

\_\_\_ Supervisor: \_\_\_\_\_ Notified by: \_\_\_\_\_

**9. NAME OF PERSON WHO COMMITTED ERROR:** \_\_\_\_\_

**TITLE** \_\_\_\_\_

**10. SIGNED:** Principal: \_\_\_\_\_ Nurse/Staff: \_\_\_\_\_

Nurse Manager: \_\_\_\_\_