

**MILLINOCKET SCHOOL DEPARTMENT  
MEDICATION INCIDENT FORM**

This form is to be used when a medication error occurs, such as not administered as prescribed, not given to the correct student, at the correct time, in the dosage prescribed, by the correct route, or when the medication administered is not the correct medication.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Medication: \_\_\_\_\_  
 Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Staff Member: \_\_\_\_\_

Incident (check all that apply \*make appropriate contacts in section 3):

- \_\_\_ Medication not given to correct student (sections 1, 2, 3, 4, 5)
- \_\_\_ Medication not given at the correct time, including missed dose (sections 2, 3, 4, 5)
- \_\_\_ Medication not given in the dosage prescribed (sections 1, 2, 3, 4, 5)
- \_\_\_ Medication not given by the correct route (sections 1, 2, 3, 4, 5)
- \_\_\_ Medication administered is not the correct medication (sections 1, 2, 3, 4, 5)
- \_\_\_ Adverse reaction (sections 1, 2, 3, 4, 5)

**SECTION 1 – VITAL SIGNS:**

TIME	BLOOD PRESSURE	HEART RATE	RESPIRATORY RATE	COMMENTS:

**SECTION 2 – ADVERSE REACTION:**

- \_\_\_ No adverse reaction
- \_\_\_ Adverse reaction: \_\_\_\_\_

**SECTION 3 – CONSULTATION(S):**

	Contact (Write In)	Phone #	Date	Time	Comments
1	Poison Control				
2	Dr. Dunstan (Sch Dr.)				
3	Student's Primary Care				
4	Parent				
5	Peer Consultation				
6	Superintendent				
7	Principal or Asst				
8	Other				

**SECTION 4 – CONTRIBUTING FACTOR(S):** \_\_\_\_\_

**SECTION 5 – ACTION PLAN:** \_\_\_\_\_

Signature of Person Completing the Form: \_\_\_\_\_  
 Name (Please Print) \_\_\_\_\_ Date: \_\_\_\_\_