

INDEPENDENT SCHOOL DISTRICT 196  
Rosemount-Apple Valley-Eagan Public Schools  
*Educating our students to reach their full potential*

Series Number 506.2.2.4.1P Adopted February 2006 Revised July 2015

Title Record of Medication Error

student name \_\_\_\_\_ date of birth \_\_\_\_\_

grade \_\_\_\_\_ school \_\_\_\_\_ teacher \_\_\_\_\_

date of error \_\_\_\_\_ time of error \_\_\_\_\_

staff member responsible for error \_\_\_\_\_ position \_\_\_\_\_

**Current medication order:**

medication name \_\_\_\_\_ strength \_\_\_\_\_ time to be given \_\_\_\_\_ dosage \_\_\_\_\_

**Medication error:**

medication name \_\_\_\_\_ strength \_\_\_\_\_ time given \_\_\_\_\_ dosage \_\_\_\_\_

**Type of Error: (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Incorrect medication              | <input type="checkbox"/> Incorrect dosage       |
| <input type="checkbox"/> Incorrect route of administration | <input type="checkbox"/> Incorrect student      |
| <input type="checkbox"/> Medication not given              | <input type="checkbox"/> Incorrect time         |
| <input type="checkbox"/> Medication damaged/wasted         | <input type="checkbox"/> Medication duplication |
| <input type="checkbox"/> Drug count variance               |   |

Describe how the error occurred: \_\_\_\_\_  
\_\_\_\_\_

What precautions can be taken to prevent a similar error: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

parent notified \_\_\_\_\_ when \_\_\_\_\_ by whom \_\_\_\_\_

physician notified (if applicable) \_\_\_\_\_ when \_\_\_\_\_ by whom \_\_\_\_\_

health services coordinator notified \_\_\_\_\_ date \_\_\_\_\_ time \_\_\_\_\_

signature of person responsible for error \_\_\_\_\_ date \_\_\_\_\_

signature of principal \_\_\_\_\_ date \_\_\_\_\_

Distribution: • Original – Sent to Health Services Coordinator  
• Copy – To remain in school