

**Office of the School Nurse**  
**Medication Incident Report**

**STUDENT NAME:** \_\_\_\_\_

**DATE OF INCIDENT:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Personnel Administering Medication:** \_\_\_\_\_

**Medication and Dosage Prescribed:** \_\_\_\_\_

**INCIDENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACTION TAKEN:**

Parent Notified:      Time \_\_\_\_\_      Person Contacted \_\_\_\_\_

Physician Notified:      Time \_\_\_\_\_      Person Contacted \_\_\_\_\_

Administration Notified: Time \_\_\_\_\_      Person Contacted \_\_\_\_\_

Describe circumstances leading to situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcome/Follow-up:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Nurse's Signature                      Date

\_\_\_\_\_  
Principal's Signature                      Date