

Granby Public Schools

MEDICATION ERROR REPORT

A medication error is defined as: "failure to administer the prescribed medication within the appropriate time frame, in the correct dosage, in accordance with accepted practice, to the correct student."

Date of report: ___/___/___ School: _____ Prepared by: _____

Name of student: _____ Date of birth: ___/___/___ Sex ___ Grade ___

Home address: _____ Tel. #: _____
(street)
(city/town) (zip code)

Date error occurred: ___/___/___ Time noted: _____

Person administering medication: _____
(Name) (Title)

Licensed pre-scriber: _____
(Name) (Address)

Reason medication was pre-scribed: _____

Date of order: ___/___/___ Instructions for administration: _____

Medication: _____ Dose: _____ Route: _____ Scheduled Time: _____

Describe the error and how it occurred (use reverse side if necessary): _____

Action Taken

Licensed prescriber notified: Yes ___ No ___ Date ___/___/___ Time _____

Parent/guardian notified: Yes ___ No ___ Date ___/___/___ Time _____

Other persons notified: _____

Outcome: _____

Name: _____
Type or Print Signature Title Date

Revised February 7, 2005
Adopted January 10, 2005
Granby Public Schools – 2004

