

MEDICATION INCIDENT REPORT

Today's Date: _____ School: _____

Person making report: _____

Date of Incident: _____ Time of Incident: _____ Location: _____

DETAILS OF INCIDENT:

ACTIONS TAKEN: 911 Emergency Medical Services Contacted

REPORTED TO:

- Parent/Guardian Date: _____ Time: _____
- Health Care Provider Date: _____ Time: _____
- Principal Date: _____ Time: _____
- School Nurse Date: _____ Time: _____

FOLLOW-UP:

Signature of person making report: _____

Signature of principal: _____