File: JLCD-E-3

Hadley Public Schools

MEDICATION ERROR REPORT

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

Name of student:	Date of report:// Sch	Prepared by:						
(city/town) (zip code) Date error occurred:/_/ Time noted: Person administering medication:	Name of student:		Date of birth: _		_ Sex	_ Grade		
(city/town) (zip code) Date error occurred:/_/ Time noted: Person administering medication:	Home address:	(street)			_ Tel. #: _			
Date error occurred:// Time noted:								
Person administering medication:	((city/town)			(zip code)			
Licensed prescriber:	Date error occurred://	_ Time note	d:					
Licensed prescriber:	Person administering medication:			· · · · · · · · · · · · · · · · · · ·	(T'H -)			
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					(Title)			
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	Licensed prescriber.	(Name)	(Name)			(Address)		
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								
Describe the error and how it occurred (use reverse side if necessary):	Date of order://I	nstructions for adı	ministration:					
Action Taken Licensed prescriber notified: Yes No Date / / Time Parent/guardian notified: Yes No Date / / Time	Medication:	Dose:	Route:	Scheduled Time:				
Licensed prescriber notified: Yes No Date / / Time Parent/guardian notified: Yes No Date / / Time	Describe the error and how it occ	urred (use reverse	side if necessar	y):				
		No		Time				
Other many and a self-fields	Parent/guardian notified: Yes	No Dat	e/ T	ime				
Other persons notified:	Other persons notified:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
Outcome:	Outcome:							
Name:	Name:	O'mai.				// // 		

Adopted By The

Hadley School Committee: September 22, 2014