

MEDICATION ERROR/INCIDENT REPORT

Child _____

Date of Birth ___/___/___

Child Care Facility _____

Classroom _____

Medications _____

Dosage _____

Time Medication to be administered _____

Date of Incident _____

Reason for Report: Missed medication, wrong medication, etc. Give a detailed report as to how incident happened:

Action Taken/Intervention:

Describe how this incident could be avoided in the future:

Name of parent/guardian who was notified: _____

Time/date of notification: _____

Printed name of person preparing report _____

Signature of person preparing report _____

Follow up contact/care: _____

Child Care Facility Director/Administrator signature _____