



RIVER VALLEY SCHOOL DISTRICT

660 West Daley Street ≈ Spring Green, Wisconsin 53588 ≈ Phone: 608-588-2551

452.4 Exhibit 2

Medication Incident Report Form

Date of Report: _____

Student's Name: _____ DOB: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Date Error Occurred: _____ Time Noted: _____ AM PM

Medication: _____ Dose: _____

Route: _____ Scheduled Time: _____

Brief explanation of incident: (use reverse side if necessary)

School Nurse Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified (month/day/year)	Time Notified
Licensed Prescriber Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified (month/day/year)	Time Notified
Parent/Guardian Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Notified (month/day/year)	Time Notified

Reason for not notifying any of the above:

Name and title of person completing report: (print)

Signature of person completing report:

Signature of school nurse: _____ Date: _____

CROSS REFERENCE:

- Policy #452.4 - Administering Medication to Students
- Policy #452.4-Rule 1 - Administering Medication Procedure
- Policy #452.4-Rule 2 - Medication Error Procedure
- Policy #452.4-Rule 3 - Disposal of Medical Waste
- Policy #452.4-Exhibit 1 – Medication Administration Information

APPROVED: March 10, 2011
 REVISED: June 12, 2014
 APPROVED: July 10, 2014