

**MARSHALL PUBLIC SCHOOLS**

**SERIES 400  
STUDENTS**

Administrative Exhibit 453.4 (6)

**MEDICATION INCIDENT REPORT**

This report must be filed within two school days of the incident. Copies are to be sent to the building principal and the school nurse and a copy is to be included in the student's file.

School \_\_\_\_\_ Principal \_\_\_\_\_

Student's name \_\_\_\_\_

Parent's/Guardian's name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Physician's name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Name of medication to be administered \_\_\_\_\_

Dosage and time to be administered \_\_\_\_\_

Reason for incident report:

\_\_\_\_\_ Incorrect dosage (list amount given) \_\_\_\_\_

\_\_\_\_\_ Incorrect medication (list medication and amount given) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Incident occurred on (date) \_\_\_\_\_ Given by \_\_\_\_\_

Principal notified on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ by \_\_\_\_\_

Parent/guardian notified on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ by \_\_\_\_\_

School nurse notified on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ by \_\_\_\_\_

If medication administered is prescription medication:

Practitioner notified on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ by \_\_\_\_\_

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Person completing this report \_\_\_\_\_ Title \_\_\_\_\_

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Adoption:    October 18, 2006