



# Medication Error Report Form

- You can use this form or you can create your own master form using this as a guide.
- All areas of this form must be completed.
- The child’s parent must be notified immediately of all medication errors.
- Provider should encourage parents to notify the child’s health care provider of any medication administration errors.
- If more than one child is involved in the error, an error form must be completed for each child.

Provider/Facility name:	Facility address:	Facility telephone number:
Child’s name:		Child’s date of birth:
Date of medication error:		

What type of medication error occurred:

- Incorrect child
- Incorrect medication
- Incorrect time (*gave more than 30 minutes before or 30 minutes after time authorized*)
- Incorrect dose
- Incorrect route
- Gave an expired medication
- Forgot to give medication
- Consent expired
- Other \_\_\_\_\_

Complete this section for all errors using the information provided on the child’s approved consent form ( <i>except for incorrect child</i> )		
Name of medication authorized:	Amount/dosage authorized:	Route of administration authorized:
Frequency to be administered or signs and symptoms that necessitate the need for the medication as authorized on the consent: _____		

**This is a double-sided form**



# Medication Error Report Form

**Describe the Incident** (include all individuals involved in the error):


## Action Taken:

Parent/Guardian notified ( required immediately) <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person notified:
Encouraged parent to notify health care provider <input type="checkbox"/> Yes <input type="checkbox"/> No	Date advised (month/day/year):	Person advised:
Other persons notified (ex: child care health consultant): <input type="checkbox"/> Yes <input type="checkbox"/> No	Date notified (month/day/year):	Person(s) notified:

**Describe Corrective Action Taken** (indicate that an investigation will be done):


Name of person completing this form: <i>(please print)</i>	Date form completed:
Signature of person completing this form:	

**This is a double-sided form**