



Clarksville-Montgomery County School System
HEALTH SERVICES
MEDICATION ERROR REPORT

Date: School:

Student: DOB:

Date and Time of error:

Person administering/assisting with the self-administration of the medication:

Medication and dosage prescribed:

Describe incident involving error:

Describe action taken:

Persons notified of error (* are mandatory to contact):

*Nursing Supervisor (920-7976) Time:

*Principal Time:

*Parent Time:

Physician (if applicable) Time:

Signature of person completing report

Date

PRINT name of person completing report

Title

Forward copy of this report IMMEDIATELY upon completion to Nursing Supervisor via fax (920-9976).